

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

46118

W/E  
Sunday

19/1/97

- White - Head Office copy
- Pink - Nurse's copy
- Yellow - Client's copy

For H.O. use only

CLIENT .....

Address GOSPORT

LIANTS

HOSPITAL WAR MEMORIAL

Ward Name DAEDALUS

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HS 182

Name **Code A**

grade PAYABLE A

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

### IF SOCIAL SERVICE DUTY

TICK

REF

| EACH LINE to end of night duty | FROM HRS 00.00 | TO HOURS 00.00 | Time Taken for meals | HOURS ACTUALLY WORKED |     |     |       |     |     | TRAVEL Daily Mileage | EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC. |
|--------------------------------|----------------|----------------|----------------------|-----------------------|-----|-----|-------|-----|-----|----------------------|--|
|                                |                |                |                      | DAY                   |     |     | NIGHT |     |     |                      |  |
|                                |                |                |                      | W/D                   | W/E | P/H | W/D   | W/E | P/H |                      |  |
| MON                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| TUES                           |                |                |                      |                       |     |     |       |     |     |                      |  |
| WED                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| THURS                          |                |                |                      |                       |     |     |       |     |     |                      |  |
| FRI                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| SAT                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| SUN to end of night duty       | 20             | 5              | 07                   | 45                    | 15  |     |       |     |     | 10                   |  |
| I certify that the total of    |                |                |                      |                       |     |     |       | 10  |     | hours have been      |  |

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.

Signature **Code A**

Date 19/1/97 Position Sin...



**We pay our members weekly.**  
Please be prompt with your settlement of the account  
I.C.N.S.  
90 High Street  
Burnham  
Bucks SL1 7TD  
Tel: Burnham (01628) 665271

Please tick if you require:

Timesheets

Address labels