

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

45807

W/E  
Sunday

19/1/97

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

For H.O. use only

**CLIENT** ..... NHS

Address 63 THE AVENUE  
GOSPORT.

**HOSPITAL** REDCLYFFE ANNEXE

Ward Name .....

(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number ..... / HF 414

Name ..... Code A

**grade PAYABLE** AUXILIARY

**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											
(14) TUES	20.45	07.15									
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				10			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 15/1/97 Position EN



**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