

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

19/1/97

45811

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

For H.O. use only

CLIENT RODGLIFFE MRS

Address 63 THE AVENUE

12 VERSTOCKE, GOSPORT

HOSPITAL GOSPORT WIRE MEMORIAL

Ward Name _____
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HM 516

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 | | | | | | | | | | | |
| 16/ THURS | 7.00 | 13.30 | | | 6 1/2 | | | | | | |
| FRI. | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN to end of night duty | | | | | | | | | | | |
| I certify that the total of | | | | 6 1/2 | | | | | | 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 (Client please)

Code A

Date

16/1/97

Position

Please tick if you require:

Timesheets

Address labels



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