

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

45815

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

W/E
Sunday

26 / 1 / 97

For H.O. use only

CLIENT

Address The Avenue

Gosport

HOSPITAL GWMMH

Card Name Red Nurse

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number PH/131

Name **Code A**

grade PAYABLE 01A

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		
2011 MON	07.00	13.30		02							
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 6.5 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

20/1/97

Position

S/H



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