

COMMUNITY NURSING & CARE SERVICES

TIMESHEET

42186

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

Sunday

22/12/96

For H.O. use only

CLIENT

Address

NURSE

Membership Number 11/4373

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

HOSPITAL Geppert War Memorial

Ward Name Sulham

(If NHS circle either GER or PSY or OTHER)

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											

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

15/12/96

Position

11/11
20/16



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