

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

19/1/97

45124

For H.O. use only

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

CLIENT

Address GOSPORT
HANTS

HOSPITAL WAR MEMORIAL

Word Name DAEDALUS
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 15182

Name Code A

grade PAYABLE NA

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		
13/1 MON	2015	0745	1.5						10		
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 (Client please)

Code A

Date

13/1/97

Position



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