

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

45120

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

W/E Sunday 12 / 01 / 97

For H.O. use only

CLIENT
 Address

NURSE Membership Number FL 959

Name **Code A**
 grade PAYABLE N/A

HOSPITAL Passport War Memorial
 Ward Name Neurology
 (If NHS circle either GER or PSY or OTHER)

- 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											
8/ WED	12.15	20.30	1/4 hr	8							
9/ THURS	07.30	15.30		8							
10/1 FRI	07.30	15.30		8							
SAT											
12 end of night duty	13.15	20.30	1/4 hr		7						

I certify that the total of **24 7** 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 8.1.97 Position Staff Nurse



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