

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

457118

W/E
Sunday

12/1 1977

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

For H.O. use only

CLIENT

Address GOSPORT WAR MEMORIAL
BURY GOSPORT

HOSPITAL GOSPORT WAR MEMORIAL

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

NURSE Membership Number FA 172

Name MR L P ALDRIDGE

grade **PAYABLE** D RGN

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											
THURS											
FRI											
SAT											
12/1 SUN to end of night duty	2015	0745	1 1/2					10			
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

12.1.77

Position

SA



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