

CROSS-COUNTY NURSING & CARE SERVICES

TIMESHEET

44810

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

Sunday 12/1/97

For H.O. use only

CLIENT REDCLIFFE HOUSE
Address 63 THE AVENUE
 ALVERTON, GILFORD
HOSPITAL GILFORD WAR MEMORIAL
Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number AM/ 516
Name Code A
grade PAYABLE A.
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		
6 MON	12.30	21.00	1/2	8							
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 8 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**
(Client please)

Date 6/1/97

Position EIN

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