

CROSS-COUNTY NURSING & CARE SERVICES

TIMESHEET

44811

W/E Sunday 12/01/96

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

For H.O. use only

CLIENT Redcliffe House
 Address THE AVENUE
 Gosport
HOSPITAL Ports mouth
 Ward Name HEALTH
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 723
 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		
6/11 MON	07.00	13.30		6.5							
7/11 TUES	07.00	13.30		6.5							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				13						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 7/1/97 Position E/N



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