

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

44816

- 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 The Overalls

Coopers

HOSPITAL R.W.M.H.

Ward Name Red Cross Ann
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 111/131

Name **Code A**

grade PAYABLE NIP

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	0700	1330								20.1.97	
SUN to end of night duty											
I certify that the total of					6 1/2					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 11/1/97

Position SSN



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