

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
W/E 19/1 197
Sunday

44817

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

For H.O. use only

CLIENT

Address

G.W.M. REDCLYFE ANX

HOSPITAL

Ward Name THE AVENUE (NO63)
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HM/534

Name **Code A**

grade PAYABLE ANX

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											
<u>14/1</u> TUES	<u>2 PM</u>	<u>9 PM</u>									
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of _____ 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 14-1-97 Position S/H



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