

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

39393

W/E
Sunday

1/12/96

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

For H.O. use only

CLIENT PHOENIX
GOSPORT WAR MEMORIAL

Address

NURSE Membership Number H / F22

Name Code A

HOSPITAL Gosport War Memorial

Word Name Phoenix Day
(If NHS circle either GER or PSY or OTHER)

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		
MON											
TUES											
27/11 WED	10.00	15.30		5½							
28/11 THURS	10.00	15.30		5½							
29/11 FRI	10.00	15.30		5½							
SAT											
SUN to end of night duty											
I certify that the total of				16½						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 29-11-96

Position Policy Clinical



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