

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

01 / 12 / 96

39397

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

For H.O. use only

CLIENT Phoenix Day Ward
 Address Gosport War Memorial
Ann's Hill / Bull Road, Gosport.
 HOSPITAL Gosport War Memorial
 Client Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HC/422
 Name Code A
 grade PAYABLE AUXILIARY
 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											
29/11 FRI	10 30	15 30	15 MIN	4 3/4					20		
SAT											
SUN to end of night duty											
I certify that the total of				4 3/4						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 retain)

Code A

Date 29 11 96

Position

*Adrian Binns
Manager*



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