

CROSS-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

01 / 12 / 96

39396

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

For H.O. use only

CLIENT PO. MAURICE HENDERSON JR

Address BURY ROAD

GOSPORT

HOSPITAL WAR MEMORIAL

Ward Name MURBERRY

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 444 / 305

Name JANE WILSON

grade PAYABLE D

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											
26/11 TUES	2045	0715						10/2			
WED											
THURS											
FRI											
27/11 SAT	2045	0715						0/2			
SUN to end of night duty											
I certify that the total of								21	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

Position



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