

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

40097

W/E
Sunday

08/12/96

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

For H.O. use only

CLIENT REDCLIFFS ANNEXE
Address THE AVENUE
905POORT.
HOSPITAL
Ward Name
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FL 486
Name S **Code A**
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											
WED											
THURS											
FRI											
SAT	20.45	09.15	1/2 HR						10		
SUN to end of night duty									10		

I certify that the total of 10 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: 8/12/96 Position: E/N.



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