

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E Sunday **8/12/96**

40107

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

For H.O. use only

CLIENT Reddyiff House  
Address 9 Gosport  
.....  
.....  
HOSPITAL .....  
Ward Name .....  
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HH 394  
Name **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											
5/12 THURS	12-30	9pm	1/2	8							
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				8						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 5/12/96 Position SN



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