

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

8/12/96

40108

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

For H.O. use only

CLIENT

Address 63 THE AVENUE

ALVERSTONE GARAGE

HOSPITAL GOOSEBAY WARRIOR MEMORIAL

Ward Name REDCLIFF HOUSE

(If NHS circle either GER or (PSY) or OTHER)

NURSE Membership Number HM 516

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											
THURS											
FRI											
SAT											
8:00N to end of night duty	12:30	21:00	1/2								
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 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