

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

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

40110

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

For H.O. use only

CLIENT

Address 63 THE AVENUE
ALBERTSKE, GOSPORT

HOSPITAL GOSPORT WAR MEMORIAL

Word Name REDCLIFFE ANNEX
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H.M. 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											
<u>6/12</u> FRI	<u>12:30</u>	<u>2:00</u>	<u>1/2 hr</u>				<u>8</u>				
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 6.12.96

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