

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

40111

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

W/E
Sunday

8/12/96

For H.O. use only

CLIENT

Address 166 THE AVENUE

COOPER HANTS

HOSPITAL REDCIFFE HOUSE

Ward Name

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HS/182

Name **Code A**

grade PAYABLE MA

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	2045	0715	-					10 1/2			
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 10 1/2 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 retain)

Code A

Date 6/12/96

Position E/W



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