

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

39111

W/E Sunday / /

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

For H.O. use only

CLIENT BRISNORTH HEALTH
 Address CARE TRUST

NURSE Membership Number 2,959

Name **Code A**

HOSPITAL REDCLIFFE HOUSE

grade PAYABLE NIA

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

- 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											
27/11 FRI	12.30	21.00		8½							
28/11 SAT	12.30	21.00			8½						
SUN to end of night duty											
I certify that the total of				8½	8½					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) **Code A**

Date 28/11/96

Position SLD



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