

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

39114

W/E Sunday 1 / 12 / 96

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

For H.O. use only

CLIENT REDCLIFFE ANNEX
 Address GOSPORT
HAMPSHIRE
HOSPITAL REDCLIFFE ANNEX
 Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H / B104
 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 HRS 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	07.00	13.30	-		6 1/2						
SUN to end of night duty	07.00	13.30	-		6 1/2						
I certify that the total of					13					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 _____ Position _____



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