

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

39110

W/E
Sunday

1/12/96

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

For H.O. use only

CLIENT REDCLYFFE ANNEXE
 Address THE AVENUE
 BOSPORT

HOSPITAL

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

NURSE Membership Number 41115
 Name **Code A**

grade PAYABLE 7

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 | | | | | | | | | | | |
| <input type="checkbox"/> FRI | | | | | | | | | | | |
| <input type="checkbox"/> SAT | | | | | | | | | | | |
| 1/12 SUN to end of night duty | 7.00 | 1.30 | | | | | | | | | |
| I certify that the total of | | | | 6.5 | | | | | | 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 1.12.96 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