

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

03 / 11 / 96

35609

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

For H.O. use only

**CLIENT** .....

Address .....

**NURSE** Membership Number HF/583

Name ..... **Code A** .....

**HOSPITAL** Graysport War Memorial

Ward Name Phoenix Day Hospital  
(If NHS circle either GER or PSY or OTHER)

**grade PAYABLE** A7

**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											
<u>30/10</u> WED	<u>10.00</u>	<u>15.30</u>			<u>5 1/2</u>						
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 5 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 Code A      Date 30-10-96      Position Acting Manager

(Client please retain yellow copy)



**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