

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

2/10/96

35609

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

For H.O. use only

CLIENT

Address

NURSE Membership Number ES/899

Name C. SYSON

grade PAYABLE D

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

HOSPITAL Gosport War Memorial

Ward Name Mulberry C
(If NHS circle either GER or PSY or OTHER)

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											
30/10/96 WED	09.00	17.00	1/2	7 1/2							
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of _____ 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.

Code A

Signature
(Client please retain yellow copy)

Date 31.10.96

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