

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

23 / 11 / 96

35609

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

For H.O. use only

CLIENT Mrs Perry

Address

HOSPITAL G.W.M.H.

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

NURSE Membership Number HW/850

Name **Code A**

grade PAYABLE N/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 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		
28/10 MON	7 AM	1 PM		6							
TUES											
WED											
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.

Signature **Code A**

Date 1.11.96

Position RN.



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