

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

38186

W/E
Sunday

24/11/97

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

For H.O. use only

CLIENT Redcliffe Hsg
Address THE AVENUE
GOSPORT
HOSPITAL PORTSMOUTH
Card Name HEALTH
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number REI 723
Name Code A
grade PAYABLE NA
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		
18/11 MON	07.00	13.30		6 1/2							
19/11 TUES	12.30	21.00	1/2	8							
WED											
21/11 THURS	07.00	13.30		6 1/2							
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 21.11.96 Position SIN
 (Client please retain)



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