

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

24/11/96

38185^{26/11}

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

For H.O. use only

CLIENT _____

Address _____

HOSPITAL Red Cliff House

Address Name The Avenue Gosport
(If NHS circle either GER or PSY or OTHER)

NURSE

Membership Number FB1702

Name Code A

grade PAYABLE 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		
MON											
TUES											
WED											
THURS											
FRI											
SAT	12.30	21.00	0								
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. I have received and accept as the basis of the transaction.

Signature
(Client please return)

Code A

Date 23.11.96

Position S/N.



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