

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

38184

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

W/E Sunday 24/11/96

For H.O. use only

CLIENT Redcliffe House
 Address 63, The Avenue,
 Gosport, Hants
HOSPITAL
 Name (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HF/583

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 | | | | | | | | | | | |
| 24/11 SUN to end of night duty | 12.30 | 21.00 | 1/2 hr | | 8 | | | | | | Rawns |
| | 12.30 | 21.00 | 1/2 hr | | 8 | | | | | | R Shave's |
| I certify that the total of | | | | | 16 | | | | | | 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
 (Client please)

Date 24+23-11-96 Position E/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