INTER	R-COU	NTY	VURS	ING & C	ARE SEI	RVICE	Q
and the second	IMESH 24/			381 For H.O.	26/11	White Pink Yellow	- Head Office copy - Nurse's copy
CLIENT Podsumuth NHS Trust  Address Gospord  HOSPITAL Rock Cluffo Howard  Ind Name Gospord was required to the client per week  (If NHS circle either GER of PSY or OTHER)  NURSE Membership 1 2 16  Rame Code A  grade PAYABLE Please ensure:  1) Separate timesheet for each client per week  2) the client signs below and retains yellow copy							
IF SOCIAL SERVICE DUTY REF							
EACH LINE to end of night duty	FROM HRS 00.00	TO HOURS 00.00	Time Taken for meals	HOURS ACTU	JALLY WORKED  NIGHT  W/D W/E P/H		EXTRAS e.g. NIGHT CALLS RAVEL ON CLIENT BUSINESS ETC.
MON							
TUES							
WED							
THURS							
22/I) FRII)	0700	13.00	1	64			
AT.	110	,28	9				
to end of night duty	l c	ertify that th	e total of	(o'/		hours have	e heen
satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which have received and accept as the basis of the transaction.							
Signature (Client ple) Code A  Date 22/1/96  Position SSIV							
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  Licensed by Local Authorities and the Department of Employment  TS 2							