

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

38446

W/E
Sunday

01/12/96

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

For H.O. use only

CLIENT Phoenix Ward

Address Gosport War Memorial

Anns Hill / Bury Road

HOSPITAL Gosport

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

NURSE Membership Number HC / 422

Name Code A

grade PAYABLE Auxiliary

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											
26/11 TUES	1030	1530	—	5							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				5						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 26/11/96

Position Acting Manager



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