

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
**W/E** Sunday 17/11/96

37243

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

For H.O. use only

**CLIENT** R -  
 Address -  
**HOSPITAL** G.W.M.H  
 Ward Name RECEPTION Hse  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number EC/578  
 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											
<u>13/11</u> WED	<u>07:00</u>	<u>21:00</u>	<u>1hr</u>	<u>13</u>							
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				<u>13</u>						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 13/11/96 Position trained nurse



**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