

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
 W/E Sunday 17/11/96

37239

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

For H.O. use only

CLIENT The Ledcliffe Trust
Address 63 The Avenue
Crosby
HOSPITAL _____
Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FB 702
 Name S **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											
SUN to end of night duty	<u>2.30</u>	<u>21.00</u>	<u>1/2 hr</u>		<u>8</u>					<u>15</u>	

I certify that the total of 8 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 retain yellow copy)

Date 17.11.96

Position



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