

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

26/11
37236

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

W/E Sunday 17/11/96

For H.O. use only

CLIENT Dorset NHS Trust
Address Gosport
HOSPITAL Gosport War Memorial
Reed Cliffe Annex
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 11,5216
Name Code A
grade PAYABLE Aux
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											
12/11 TUES	12.30	21.00	30mins	8							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

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 Date 12.11.96 Position S/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