

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**

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

26/11  
 37234  
 For H.O. use only

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

**CLIENT** PORTSMOUTH HEALTH CARE

Address .....

**HOSPITAL** GOSPORT WAR

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

**NURSE** Membership Number H/A298

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											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of										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 16.11.96      Position EIN

(Client please retain yellow copy)



**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