

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

27/10/96

26/11
34394

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

For H.O. use only

CLIENT Redcliffe House

Address THE AVENUE

GOSPORT

HOSPITAL PORTSMOUTH

ward Name HEALTH

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FG 723

Name **Code A**

grade PAYABLE NA

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											
22/10 TUES	07.00	13.30									
WED											
24/10 THURS	12.30	21.00	1/2								
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				14 1/2						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 (Client please read)

Code A

Date

24.10.96

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