

INTER-COUNTY NURSING SERVICES

White - Accounts copy
 Pink - Nurse's copy
 Yellow - Client's copy

TIMESHEET

W/E 20/10/96
 Sunday

26/11
 33490

CLIENT

Hospital G.W.M.H
 Ward Name RODCLIFFE HSC
 (If NHS circle either GER or PSY or OTHER)
 Address RODCLIFFE

NURSE Membership Number FC, 578

Code A

Name FC

GRADE payable A

Please ensure:
 1) Separate timesheet for each client, and
 2) the client signs below and retains yellow copy.

EACH LINE to end of night duty	FROM HRS 00.00	TO HRS 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											
16/10 WED	7:00	13:30	15	6							
THURS											
FRI											
SAT											
SUN											
End of night duty	I certify that the total of			6						hours have been	

I have satisfactorily worked and that payment will be made in respect of these according to your terms and conditions. I have received and accept as the basis of the transaction.

Code A

Signature _____
 (Client please retain yellow copy)

Date 17-10-96

Position E.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 (0628) 665271

Please tick if you require:

Timesheets

Address labels