INTER-COUNTY NURSING & CARE SERVICES

W/E Sunday							7)(White Pink Yellow	- Nurse's o	ору
NURSE Membership Number 1 / 305. Address AMRY KOAD. Name Markins Gasport HANTS: USSPITAL WAR MEMORIAL Ward Name (If NHS circle either GER of PSY or OTHER) NURSE Membership Number 1 / 305. Name Memb										
IF SC	CIAL	SERVIC	E DUT	Y		REF				
EACH LINE to end of night duty	FROM HRS 00.00	TO HOURS 00.00	Time Taken for meals	HOURS A		NIGHT		aily T	NIGHT CA	ALLS CLIENT
MON										
TUES 6/11/96	5									
THURS	2045	07.5	A							
FRI										
SAT										
SUN to end of night duty	lo	ertify that th	e total of				ho	urs hav	ve 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	Co	de A	4 [Date 7 -	11-0	76	Posi	tion	teff A	Jus
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 Licensed by Local Authorities and the Department of Employment We pay our members weekly. Please tick if you require: Timesheets Address labels TS 2										
	CLIENT Address Ward Name IF SC EACH LINE to end of night duty MON TUES WED THURS FRI SAT SUN to end of night duty satisfactor and conditi	CLIENT Address CLIENT Address COSPON COSPITAL Ward Name (If NHS IF SOCIAL S EACH LINE to end of night duty MON TUES WED THURS FRI SAT SUN end of night duty I company to end of night duty Satisfactorily worked and conditions of but Signature (Client please CO CO CO CO CO CO CO CO CO C	CLIENT Address Mard Name (If NHS circle either IF SOCIAL SERVIC EACH LINE to end of night duty MON TUES WED THURS FRI SAT SUN to end of night duty I certify that the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditions of business which is good to be successed by the satisfactorily worked and that pand conditi	CLIENT Address COCIAL SERVICE DUT EACH LINE to end of night duty THURS FRI SAT SUN to end of night duty I certify that the total of satisfactorily worked and that payment will and conditions of business which I have recommended to the comment of the com	CLIENT SHOULD HOUSE TRUS Address GARM ROAD "OSPITAL MAR HOUSE TRUS (If NHS circle either GER of PSY or OTHER) IF SOCIAL SERVICE DUTY EACH HRS O0.00 For meals DAY MON TUES WED THURS FRI SAT SUN tend of night duty I certify that the total of satisfactorily worked and that payment will be made and conditions of business which I have received and satisfactorily worked and that payment will be made and conditions of business which I have received and satisfactorily worked and that payment will be made and conditions of business which I have received and that payment will be made and conditions of business which I have received and conditions of business which I have received and that payment with your settlement. C.N.S. 90 High Street Burnham Bucks St.1 7TD	CLIENT Address CLIENT Address Address CLIENT Address Address CLIENT Address Address	CLIENT Address Address Address Address ACT SPITAL Ward Name (If NHS circle either GER of PSY or OTHER) FROM HOURS ACTUALLY WORKE Taken On	CLIENT SHOW MANAGE TRUS Address Address Ward Name (If NHS circle either GER of PSY or OTHER) TICK REF TICK REF HOURS ACTUALLY WORKED Taken for meals Word Name Word Name IN TO Time HOURS ACTUALLY WORKED Taken for meals Word Name THES THURS TH	CLIENT SHOWLD AND SHOP TO THE HOURS ACTUALLY WORKED TRAVEL. LINE to end of night duty MON TUES SIgnature COCCE A Date THURS Signature COCCE A Date Pink Yellow NURSE Membership Number Name	CLIENT Address Manager Ward Name Ward Na