

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

36547

W/E  
Sunday

10 / 11 / 96

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

For H.O. use only

**CLIENT** ROUSHAM HEALTHCARE TRUST

Address BURY ROAD  
GOSPORT HANTS

**HOSPITAL** WAR MEMORIAL

Ward Name MULBERRY (C)  
(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number 421 / 305

Name JANE WATKINS

**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	2045	0730									
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 7-11-96 Position Staff Nurse



**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