

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
**W/E** 10/11/96  
**Sunday**

36547

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

For H.O. use only

**CLIENT** Stella Street NHS  
 Address 27 Southways  
Stammington Heath  
**HOSPITAL** War Memorial  
 Ward Name Daedalus  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number HS1151  
 Name Code A  
 grade **PAYABLE** AX  
**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											
6/11/96 WED	2015	0745	1 1/2								
THURS											
FRI											
SAT											
IN end of night duty											

I certify that the total of 10 (TEN) 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 SSN PAY.



**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