

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E **Sunday** 23/6/96

07815

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

For H.O. use only

CLIENT REDCLIFF ANNEX
Address GOSPORT
HAMPSHIRE
HOSPITAL REDCLIFF ANNEX
Ward Name
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H1B104
Name Code A
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											
THURS											
FRI											
<u>22/6</u> SAT	<u>12.30</u>	<u>21.00</u>	<u>1/2 HR</u>								
SUN to end of night duty											
I certify that the total of					<u>8</u>					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 22/6/96 Position sh



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