

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 21/07/96

21345

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

For H.O. use only

CLIENT Malberry C
 Address Bury Rd
gas part-
g.w.m.H.
 HOSPITAL g.w.m.H.
 Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HW/ 850
 Name Code A
 grade PAYABLE N/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 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		
15/7 MON	Pm 8.45	Am 7.15									
16/7 TUES		Am 7.15									
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 10 hours have been

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

Signature (Client please) Code A Date 15-07-96 Position John Elvade



Please tick if you require:
 Timesheets
 Address labels