INTER-COUNTY NURSING & CARE SERVICES

| W/E Sunday | TIMESHEET 10/11 /96 | White - Head Office copy Pink - Nurse's copy Yellow - Client's copy |
|--|-------------------------------------|--|
| Address | AL COSPORT WOUN | NURSE Membership 1, 1, 2, 16 Name Code A grade PAYABLE Please ensure: 1) Separate timesheet for each client per week 2) the client signs below and retains |
| IF S | OCIAL SERVICE DUT | TICK REF |
| EACH LINE to end of night duty MON TUES WED THURS | FROM HRS 00.00 Time Taken for meals | HOURS ACTUALLY WORKED TRAVEL DAY NIGHT Daily W/D W/E P/H W/D W/E P/H Mileage BUSINESS ETC. |
| 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. Signatur (Client ple Code A Date 04) 11 96 Position S) | | |
| 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 | | |