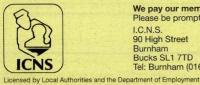
INTER-COUNTY NURSING & CARE SERVICES									
25 - 3-4	IMESHI					166)		White Pink Yellow	- Head Office copy - Nurse's copy - Client's copy
CLIENT  Address  HOSPITAL  WIRSE  Membership Number  Code A  Name  Grade PAYABLE  Please ensure:  1) Separate timesheet for each client per week 2) the client signs 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	DAY		NIGHT		TRAVEL Daily Mileage	EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC.
TUES  23 (O) WED	8ist		area.						
THURS	)	745	歧.			<u></u>			
SAT					26 7738				
SUN to end of night duty	lo	certify that the	ne total of		8000 K			hours ha	ve been
satisfacto and condi Signature	itions of bu	d and that pusiness whi	ch I have r	eceived and	acce	pect of the pt as the l	pasis	of the tra	to your terms ansaction.



(Client please

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

Address labels

Timesheets

Please tick if you require:

TS 2