

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

34661

W/E  
Sunday

27/10/96

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

For H.O. use only

CLIENT PORTSMOUTH HEALTHCARE TRUST

Address Bury Road

GASPORT

HOSPITAL WAR MEMORIAL

Name Dryad

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HW/305

Name JANE WATKINS

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	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											
22/10 TUES	2015	0745	1 1/2					10			
23/10 WED	2015	0745	1 1/2					10			
24/10 THURS	2015	0745	1 1/2					10			
FRI											
SAT											
SUN to end of night duty											
I certify that the total of								30		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

25/10/96

Position

SSIN



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

