

# 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 .....

Address .....

HOSPITAL GOSPORT WAR MEMORIAL

Name SULTAN  
(If NHS circle either GER or PSY or OTHER)

NURSE Membership 11W 444  
Number .....

Name LUIGI WILKS

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											
TUES											
WED											
THURS											
FRI											
SAT	<u>2015</u>	<u>0745</u>	<u>1 1/2</u>					<u>1 1/2</u>		<u>-</u>	
SUN to end of night duty											
I certify that the total of								<u>11 1/2</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  
(Client please)

**Code A**

Date 27/10/96

Position SENIOR STAFF NURSE



**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