

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

33487

W/E
Sunday

20/10/96

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

For H.O. use only

CLIENT Red chill. Home

Address Gosport

HOSPITAL _____

Ward Name _____
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H.H.394

Name **Code A**

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	12.30	9.15	1/2	8							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				8						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

15/10/96

Position

E.N.



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