

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

31862

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

W/E Sunday 06/10/96

For H.O. use only

CLIENT PORESMOUTH HEALTHCARE TRUST

NURSE Membership Number 441/305

Address BURY ROAD

Name JANE WATKINS

GOSPORT

grade PAYABLE D

HOSPITAL WAR MEMORIAL

- Please ensure:**
- 1) Separate timesheet for each client per week
 - 2) the client signs below and retains yellow copy

Word Name DAEDALUS
(If NHS circle either GER or PSY or OTHER)

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 | | | | | | | | | | | |
| 3/10 THURS | 2015 | 0745 | 1 1/2 | | | | 10 | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN to end of night duty | | | | | | | | | | | |

I certify that the total of 10 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
(Client please retain yellow copy)

Date 4.10.96

Position R.G.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