

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

31862

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

W/E Sunday 6/10/96

For H.O. use only

CLIENT POBTSMOUTH HEALTHCARE TRUST
 Address PRIVETT RD, GOSPORT.

NURSE Membership Number H, T 617
 Name TINA TALLIS
 grade PAYABLE RGN

HOSPITAL GOSPORT WAR MEMORIAL
 Ward Name DRYAD WARD
(If NHS circle either GER or PSY or OTHER)

- 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 HRS 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											
SUN to end of night duty	<u>2015</u>	<u>0745</u>	<u>1 1/2</u>					<u>10</u>			
I certify that the total of								<u>10</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 retain yellow)

Code A

Date 7/10/96.

Position S/S/NURSE RGN



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