

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

06/10/96

31862

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

For H.O. use only

CLIENT

Address

HOSPITAL GOSPORT WAC Mem

id Name SULTAN

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HM 195

Name SM WHITEHOUSE

grade PAYABLE RGN 'D' grade

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											
1/10 TUES	2015		1 1/2					3			
2/10 WED		0745						7			
THURS											
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 Date 2.10.96 Position Unit Sister

(Client please retain yellow copy)



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