

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

13 / 10 / 96

31862

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

For H.O. use only

CLIENT

Address

HOSPITAL GOSPOD WAR MEMORIAL

Card Name DRYAD
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number EC/547

Name K. Campbell

grade PAYABLE RAN

- 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				
7/12 MON	20.15	0745	1 1/2										
TUES													
WED													
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 8.10.96

Position

Night Supervisor



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