

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 29/09/96

3059

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

For H.O. use only

CLIENT REDCLIFFE ANNEX
 Address TRE AVENUE
GOSPORT
 HOSPITAL
 Name
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number ED 801
 Name Code A
 grade PAYABLE AUX
 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											
WED											
THURS											
<u>27/9</u> FRI	<u>20.45</u>	<u>07.15</u>	<u>1/2 hr</u>					<u>10</u>	<u>10</u>	<u>10</u>	
SAT											
SUN to end of night duty											
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 Code A
 (Client please retain yellow copy)

Date 28.9.96

Position Gravob nurse



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