

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

30587

W/E  
Sunday

29/09/96

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

For H.O. use only

CLIENT REDCLIFFE House

NURSE Membership Number 79,723

Address THE AVENUE

Name Code A

GOSPORT

grade PAYABLE NA

HOSPITAL PORTSMOUTH

Please ensure:

Word Name HEALTH

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

(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											
26/9 THURS	07.00	21.00	1HR	13							
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 13 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

26.9.96

Position

S/N

(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