

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

30591

W/E
Sunday

29/7/96

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

For H.O. use only

CLIENT REDCLIFFE ANNEX

NURSE Membership Number H / B104

Address GOSPORT

Name Code A

HAMPSHIRE

grade PAYABLE A

HOSPITAL REDCLIFFE ANNEX

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

Ward Name _____
(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 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											
25/9 WED	12.30	2.00	HR	8							
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				8						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 copy)

Code A

Date 26 SEPT 96

Position S/R.



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