

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

06/10/96

30882

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

For H.O. use only

CLIENT

Address Bury Rd

Gospast Herts.

HOSPITAL George Vkr Memorial

Word Name DRYAD W/D

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number EC127

Name K. Campbell

grade PAYABLE RCN

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											
110 TUES		0745	1 1/2								
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of											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)

Code A

Date 2-10-96

Position

Night Sister



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