

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

30882

W/E
Sunday

29/09/96

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

For H.O. use only

CLIENT Phoenix Day Hospital

Address Gosport War memorial

HOSPITAL

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

NURSE Membership Number MF 503

Name Code A

grade PAYABLE A

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											
24/9 TUES	10.00	16.00								WOR	
25/9 WED	10.00	15.30								WOR	
26/9 THURS	10.00	15.30								WOR	
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				17						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 26-09-96 Position S/N



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