

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
 W/E 22/9/96
 Sunday

29615

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

For H.O. use only

CLIENT REDELYFE AMMEY
Address THE AVENUE
GOSPORT
HOSPITAL _____
Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H.1.115
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 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											
<u>17/9</u> TUES	<u>7 AM</u>	<u>1.30 PM</u>		<u>1/2</u>							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				<u>1/2</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 Date 17.9.96 Position SW
 (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