

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

29915

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 WARD  
 Address BURY ROAD  
GOSPORT, HANTS  
 HOSPITAL GOSPORT WAR MEMORIAL  
 Ward Name \_\_\_\_\_  
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HC/422

Name Code A

grade PAYABLE AUXILIARY

**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	10.30	15.00	1/4 hour	4/4					18		
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 Code A  
 (Client please retain yellow copy)

Date 24/9/96

Position Clinical Manager



**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