

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

22/9/96

29915

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

For H.O. use only

CLIENT

Address BURY ROAD

GOSPORT, HANTS

HOSPITAL WAR MEMORIAL

Client Name SOLTAN

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 15182

Name Code A

grade PAYABLE N.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											
19/9 TUES	2015	0745	1.5					10			
WED											
19/9 THURS	2015	0745	1.5					10			
FRI											
SAT											
22/9 SUN to end of night duty	2015	0745	1.5					10			
I certify that the total of								30	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

22.9.96

Position

Night Soltan



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