

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

29915

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

W/E 22/9/96
 Sunday

For H.O. use only

CLIENT NHS
 Address BURY ROAD
GOSPORT
 HOSPITAL GOSPORT WAR MEM
 Card Name DADELUS
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 46/267
 Name Code A
 grade PAYABLE NIA
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											
TUES											
WED											
THURS											
FRI											
SAT											
<u>22/9/96</u> SUN to end of night duty	<u>20-15</u>	<u>07-45</u>	<u>1 1/2</u>						<u>10</u>		
I certify that the total of								<u>10</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 22/9/96 Position Night Supervisor
 (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