

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

15 / 9 / 96

28920

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

For H.O. use only

CLIENT .....

Address .....

HOSPITAL Gomport War Memorial

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

NURSE Membership Number FS/ 899

Name C. SYSON

grade PAYABLE D

- 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											
10/9 TUES	07.00	14.00		7							
11/9 WED	14.00	21.00		7 1/2							
THURS											
13/9 FRI	14.00	21.00		7 1/2							
14/9 SAT	07.00	14.00			7 1/2						
15/9 SUN to end of night duty	07.00	14.00			7 1/2						
I certify that the total of				37						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 retain yet)

**Code A**

Date

16/9/96

Position

*[Handwritten Signature]*



**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