

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

28920

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

W/E Sunday 15/09/96

For H.O. use only

CLIENT Mulberry B.
 Address Bury
 HOSPITAL G.W.M.H
 Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HW/850
 Name Code A
 grade PAYABLE 02/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 <i>10/9</i>											
TUES <i>Am 7:30</i>		<i>2pm</i>									
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 6.5 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 10-09-96

Position RN



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