

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

15/09/96

28920

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

For H.O. use only

CLIENT Mulberry B

Address Bury Rd  
Gasport

HOSPITAL G.W.M.H.

Name \_\_\_\_\_  
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number W 850

Code A

Name \_\_\_\_\_

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 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											
TUES											
WED											
THURS											
FRI											
SUN to end of night duty	1pm	9pm			7/2						
I certify that the total of					7 1/2					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 15-09-96.

Position RIN (M)



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