

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

15/09/96

25920

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

For H.O. use only

CLIENT

Address

HOSPITAL Gosport War Memorial

Word Name Phoenix Day Hospital
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HF / 583

Name Code A

grade PAYABLE 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											
TUES											
11/9 WED	10.00	15.30	—	5½						walk	
12/9 THURS	10.00	15.30	—	5½						walk	
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 11 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 11-12-09-96 Position S W



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