

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

28920

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

W/E Sunday 15/9/96

For H.O. use only

CLIENT Gosport Memorial
 Address HOSPITAL
 Gosport
HOSPITAL
 Name SUNITEN
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HT/068
 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											
WED											
12/9 THURS	20.15	7.45	1 1/2					10			
FRI											
SAT											
SUN to end of night duty								10			

I certify that the total of 10 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 13/9/96 Position R.G.N



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