

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

28652

W/E
Sunday

15/9/96

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

For H.O. use only

CLIENT REDELYFFE ANNE

Address THE AVENUE
GOSPORT

HOSPITAL _____

Card Name _____
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HILLIS

Code A

Name _____

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 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											
11/9 WED	7 AM	1.20								Code A	
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 5.5 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 (Client please)

Code A

Date

11.9.96

Position



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