

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

79864

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

W/E
Sunday

5/11/95

For H.O. use only

CLIENT GOSPORT H.C.
Address MEMORIAL

NURSE Membership Number 11276

Name Christine Lock

grade PAYABLE D

HOSPITAL GOSPORT W.C.

- Please ensure:
- 1) Separate timesheet for each client per week
 - 2) the client signs below and retains yellow copy.

Name Christine Lock
(If NHS circle either GER or PSY or OTHER)

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											
SAT	20.15							10	18		
SUN to end of night duty		07.45	1 1/2 hrs								
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.

Code A

Signature (Client please)

Date 5.11.95

Position Night



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