



Foster Child Travel Expense Claim Form

Name (Foster Carer): Address: Postcode: Telephone Number: Email Address:	Claim for the month of: (MM/YYYY) <div style="border: 1px solid black; width: 150px; height: 40px; margin-top: 10px;"></div> NB: A separate claim form must be submitted for each month
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Claims can be made for journeys undertaken with the child/children in your care in respect of the following:

- A. Contact
- B. Attendance at formal meetings in relation to care planning such as LAC reviews & PEP
- C. Non Routine Hospital/Doctors/Dentist/Opticians if journey is greater than 2 miles in one direction. N.B. first 2 miles will be deducted (or each way if return journey)
- D. Transport to and from School as daily attendance if journey is greater than 2 miles in one direction. N.B. first 2 miles will be deducted (or each way if return journey)
- E. Adoption planning meetings and introductions
- F. Receipts for additional expenditure e.g. as No. 4 below

N.B. PLEASE READ GUIDANCE NOTES BEFORE COMPLETION AND SUBMISSION OF CLAIM

1. **Claims must be submitted on a calendar month basis**
2. **SECTIONS: A - K** of the claim form **must be fully completed and legibly**, claimants must ensure that each journey is fully documented correctly and that **postcodes are recorded** (otherwise the claim may be returned).
3. Mileage claimed will be verified using a approved route calculation planner
4. Receipts must accompany any additional expenditure incurred i.e. car parking fees, bus or train fares, bridge tolls
5. Mileage claims submitted 3 months after the date of first travel may not be authorised for payment.
6. CCBC financial year runs from 1st April to 31st March the following year, all claims must be submitted by the 14th April for claims that relate to the previous financial year. (**E.g. 01/04/13 – 31/03/14**)

Record of Additional Expenditure

Date	Name of Child	Type of Expenditure	Amount	Receipt Attached

	Print Name	Signature	Date
Signature Of Foster Carer			
Signature Of Social Worker			
Signature Of Team Manager			

FOR FINANCIAL USE ONLY:

FOS CCP					
Child's Name	CC	Subj	Value	Payment Method	Invoice No.
			£		
			£		
			£		
			£		
VAT			£		
Total Claim			£		
Verified By:			Date:		

Please submit to: Caerphilly County Borough Council, The Family Placement Team, Ty Pontygwindy, Unit 7, De Clare Court, Caerphilly. CF83 3HU

Mae'r ddogfen hon ar gael yn Gymraeg, ac mewn ieithoedd a fformatau eraill ar gais.
This document is available in Welsh, and in other languages and formats on request.

A	B	C	D	E	F	G	H	I	J	K	
Date	Name of Child	Departing From	From (postcode)	Arriving At	To (postcode)	Purpose of Journey As per A - E	Please Tick if Return Journey	Actual miles travelled	Deduct 2 miles for Journey's C & D	Miles Claimed	FINANCIAL USE ONLY. VERIFIED Y/N
01/01/00	Joe Bloggs (Example)	2 Jones Street, Bedwas	NP12 2PP	9 Price Street, Machen	NP12 3PP	Contact or A	✓			6	
02/01/00	Joe Bloggs (Example)	2 Jones Street, Bedwas	NP12 2PP	Bedwas Infants School	NP12 3PP	School or D		6	2	4	
03/01/00	Jane Bloggs (Example)	2 Jones Street, Bedwas	NP12 2PP	Bedwas Infants School	NP12 3PP	School or D	✓	6	4	2	
TOTALS											

Note: INCOMPLETE FORMS WILL BE RETURNED, WHICH MAY DELAY PAYMENT