Foster Child Travel Expense Claim Form

Name (Foster Carer):
Address:
Postcode:
Telephone Number:
Email Address:

Claim for the month of: (MM/YYYY)

NB: A separate claim form must be submitted for each month

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 an 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Child</th>
<th>Type of Expenditure</th>
<th>Amount</th>
<th>Receipt Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Print Name
Signature
Date

Signature Of Foster Carer
Signature Of Foster Worker
Signature Of Team Manager

FOR FINANCIAL USE ONLY:

<table>
<thead>
<tr>
<th>FOS</th>
<th>CCP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>CC</th>
<th>Subj</th>
<th>Value</th>
<th>Payment Method</th>
<th>Invoice No.</th>
</tr>
</thead>
<tbody>
<tr>
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<td>£</td>
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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
<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Child</th>
<th>Departing From</th>
<th>From (postcode)</th>
<th>Arriving At</th>
<th>To (postcode)</th>
<th>Purpose of Journey</th>
<th>As per</th>
<th>Please Tick if Return Journey</th>
<th>Actual miles travelled</th>
<th>Miles Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/00</td>
<td>Joe Bloggs (Example)</td>
<td>2 Jones Street, Bedwas</td>
<td>NP12 2PP</td>
<td>9 Price Street, Machen</td>
<td>NP12 3PP</td>
<td>School or C</td>
<td></td>
<td>Y</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>02/01/00</td>
<td>Joe Bloggs (Example)</td>
<td>2 Jones Street, Bedwas</td>
<td>NP12 2PP</td>
<td>Bedwas Infants School</td>
<td>NP12 3PP</td>
<td>School or D</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>03/01/00</td>
<td>Jane Bloggs (Example)</td>
<td>2 Jones Street, Bedwas</td>
<td>NP12 2PP</td>
<td>Bedwas Infants School</td>
<td>NP12 3PP</td>
<td>School or D</td>
<td>6</td>
<td>4</td>
<td>2</td>
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</tr>
</tbody>
</table>

**TOTALS**

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