Foster Carer 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. Attendance or facilitating training
B. Attendance at support groups
C. Participation in working groups / as part of interview panel / peer mentor activities
D. 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 - I 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>Type of Expenditure</th>
<th>Amount</th>
<th>Receipt Attached</th>
</tr>
</thead>
</table>

Print Name | Signature | Date

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

FOR FINANCIAL USE ONLY:

FOS

<table>
<thead>
<tr>
<th>Journey Type</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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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
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<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>FINANCIAL USE ONLY</th>
<th>VERIFIED Y/N</th>
<th>MILES TRAVELLED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Full title of course attended</td>
<td>Departing From (postcode)</td>
<td>Arriving At (postcode)</td>
<td>Purpose of Journey As per A - D</td>
<td>Please Tick if Return Journey</td>
<td></td>
<td></td>
<td>Miles travelled</td>
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<tr>
<td>01/01/00</td>
<td>Men who care</td>
<td>2 Jones Street, Bedwas NP12 2PP</td>
<td>9 Price Street, Machen NP12 3PP</td>
<td>A</td>
<td>√</td>
<td>4</td>
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<tr>
<td>02/01/00</td>
<td>First Aid Training</td>
<td>2 Jones Street, Bedwas NP12 2PP</td>
<td>Ystrad Mynach College NP12 3PP</td>
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Note: INCOMPLETE FORMS WILL BE RETURNED, WHICH MAY DELAY PAYMENT