

CLAIM FORM FOR DAY CARE AND MILEAGE FOR FOSTER CARERS ATTENDANCE AT TRAINING/ DEPARTMENTAL MEETINGS/OTHER (EG. FOSTER CARER HOSPITAL APPOINTMENTS)

NAME OF MAIN FOSTER CARER FOR CHILDREN	
CARER ID	SWIFT :
NAME OF FOSTER CARER PROVIDING DAY CARE (where applicable)	
CARER ID	
NAME/ADDRESS OF NURSERY/CHILDMINDER/OTHER (please attach receipts – up to a maximum of 6 hours)	
NAME & DATE/S OF COURSE/MEETING FOSTER CARER ATTENDED	
OTHER EXPENSES (please provide details)	
TRAVELLING EXPENSES TO/FROM VENUE (for training courses or meetings not related to child in placement. Please complete CA51 for travel related to child)	MILES @ 0-45p £
CLAIM TOTAL	£

I CERTIFY THAT THIS CLAIM IS ACCURATE AND COMPLETE AND THAT THE EXPENSES CLAIMED WERE UNDERTAKEN IN RELATION TO AGREED ACTIVITIES FOR HAMPSHIRE COUNTY COUNCIL

Signed: Foster Carer
Dated:

Signed:

FPSW

Dated:

Signed:

Team Manager (Family Placement)

Dated: