



Foster Carer Travel Expense Claim Form

Name (Foster Carer): Address: Postcode: Telephone Number: Email Address:	Claim for the month of: (MM/YYYY) <input type="text"/> 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. 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 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	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						
Journey Type	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

A	B	C	D	E	F	G	H	I	
Date	Full title of course attended	Departing From	From (postcode)	Arriving At	To (postcode)	Purpose of Journey As per A - D	Please Tick if Return Journey	Miles travelled	FINANCIAL USE ONLY VERIFIED Y/N
01/01/00	<i>Men who care</i>	<i>2 Jones Street, Bedwas</i>	<i>NP12 2PP</i>	<i>9 Price Street, Machen</i>	<i>NP12 3PP</i>	A	✓	4	
02/01/00	<i>First Aid Training</i>	<i>2 Jones Street, Bedwas</i>	<i>NP12 2PP</i>	<i>Ystrad Mynach College</i>	<i>NP12 3PP</i>	A		6	
TOTALS									

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