



## Foster Child Travel Expense Claim Form

Name (Foster Carer): Address:  Postcode: Telephone Number: Email Address:	Claim for the month of: (MM/YYYY) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px; vertical-align: middle;"></span>  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 1<sup>st</sup> April to 31<sup>st</sup> March the following year, all claims must be submitted by the 14<sup>th</sup> 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.
			£		
			£		
			£		
			£		
			£		
<b>VAT</b>			£		
<b>Total Claim</b>			£		
<b>Verified By:</b>			<b>Date:</b>		

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	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	
									<b>TOTALS</b>		

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