

PARENT CARER EXPENSES CLAIM FORM



Name : _____

Month: _____

YEAR: _____

TIME

Date	activity undertaken	payment rate	hours	Cost
Totals:				

EXPENSES

Date	activity	parking	mileage	travel	Childcare / Hrs	other	cost
Total claim :							

Payment Method BACS / CHQ	ALL EXPENSES MUST BE ACCOMPANIED BY SUPPORTING RECEIPT CLAIMS TO BE RECEIVED BY 5TH OF FOLLOWING MONTH
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Signed By

Approved by

Date:

Date: