



Service User / Carer Claim Form

Please ensure information is included and correct otherwise this may delay payment

Meeting / Activity held at: <hr/> Date: _____ Time: _____ Purpose: _____ Chairperson / Organiser: _____	Name of Payee: <hr/> Address: _____ <hr/> <hr/>	For BACS Payment* Account Number: _____ Sort Code: ____ / ____ / ____ Name of Bank: _____
Mileage Claimed: _____ Or Fare Claimed: *£ _____ Name of Transport Provider: _____ Other Expenses: *£ _____ Please Specify: _____ Signature: _____ Date: _____	<u>For office use only:</u> Total miles: _____ Rate per mile: _____ Total cost: £ _____ Or fare cost: £ _____ Other expenses: Subsistence: £ _____ Childcare: £ _____ Carer's costs: £ _____ Personal Care: £ _____ Interpreting: £ _____ Other Support: £ _____ Total payable: £ _____ Payment Method: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/> *(Bank details required)	
Authorisation Please print details clearly Authorised by: _____ Designation: _____ Cost Centre: _____ Signature: _____ Date: _____		

*Please attach any receipts