

**Foster Carers Claim for Travelling Expenses**

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| **It is important that all relevant boxes are completed. Failure to do so will mean the form being returned and a possible delay in payment. Mileage claims should be submitted monthly, as claims submitted after six months will not be reimbursed.** Please submit to your Supervising Social Worker. | | | | | | | | | |
| Surname: | | Forename: | | | | | Title: | | |
| Address: | | | | Period Covered by Claim: | | | | | |
| Fostering Team Manager: | | | | Vendor Number: | | | | | |
| Date | Details of Journey - **Please include reason for journey and start and finish postcode.** | | Please indicate which child journey relates to | | | Official Mileage  Claimable | | Parking, Bus fares etc | |
| Initials | | Tick if support care | £ | p |
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| **CLAIMANT**: I CERTIFY that  (a) the details above are correct, and I have included receipts for parking, bus fares etc  (b) All expenses were incurred by and on behalf of NCC. I further confirm that I hold the relevant business use documentation for any vehicle being used during business trips.  Signature of claimant ………….…………………  Date………………………………………..………. |  | Total Miles |  |  |
| Miles x 0.45p = £ p | £ | p |
| Parking, Bus Fares  etc.  **Please provide tickets** | £ | p |
| **TOTAL AMOUNT CLAIMED** | £ | p |
|  |  |  | | |

Supervising Social Worker/Fostering Team Manager. By submitting/approving this claim on BMS I certify that the journeys made, and other expenses are reasonable and that Out of County journeys were authorised in advance.

**SSW/P2P - Please enter Cost Code :**