**Placement Services Claim Form**

**Separate Claim Forms Must Be Completed For Each Child. All Claims Must Be Received Within 3 Months - Failure To Do So May Result In Non-Payment.**

|  |  |  |
| --- | --- | --- |
| **Carer Name:** | **Child Name:** | **DOB:** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Mileage Costs: (Petrol VAT Receipts MUST Be Attached) – Submit Claims In Full Weeks Only** | | | | | |  | | |
|  | | | | | | | **SOCIAL WORKER USE ONLY:** | | |
| **Date** | **Journey From** | | **Journey To** | **Reason** | **Total Mileage** |  | **General Mileage (Weeks 1 & 2)** | | |
|  |  | |  |  |  | **Week 1** | **Total Before** | | **Miles** |
|  |  | |  |  |  | **After Deductions** | | **Miles** |
|  |  | |  |  |  |  | | |
|  |  | |  |  |  | **Training Mileage (Weeks 1 & 2)** | | |
|  |  | |  |  |  |  | | **Miles** |
|  |  | |  |  |  |  | | |
|  |  | |  |  |  | **Total Miles (W1&2):** | |  |
|  |  | |  |  |  | **Week 2** | **Total Cost:** | |  |
|  |  | |  |  |  | **Notes:** | | |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  | **Week 3** | **General Mileage (Weeks 3 & 4)** | | |
|  |  | |  |  |  | **Total Before** | | **Miles** |
|  |  | |  |  |  | **After Deduction** | | **Miles** |
|  |  | |  |  |  |  | | |
|  |  | |  |  |  | **Training Mileage (Weeks 3 & 4)** | | |
|  |  | |  |  |  |  | | **Miles** |
|  |  | |  |  |  |  | | |
|  |  | |  |  |  | **Week 4** | **Total Miles (W3&4):** | |  |
|  |  | |  |  |  | **Total Cost:** | |  |  | |
|  |  | |  |  |  |  | | |
|  |  | |  |  |  | **Grand Total Miles:** | |  |
|  |  | |  |  |  | **Grand Total Cost:** | |  |
|  |  | |  |  |  | **SW**  **Signature:** | |  |
|  |  | |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Training Delivery Costs:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Type of Training** | **Hours From** | **Hours To** | **Total Hours** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **Grand Total Cost:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Daycare Costs** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Full Name of Child** | **Hours From** | **Hours To** | **Daycare Provided By Others (Please Tick)** | **Daycare Provided By Carer (Please Tick)** | **Reason** | **Total Hours** | **Total Cost** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Grand Total Cost:** |  | |

|  |  |  |
| --- | --- | --- |
|  | **Other Expenses (Receipts MUST be attached for payment) – Authorisation Must Be Obtained From Social Worker In Advance Of Claim** |  |

|  |  |
| --- | --- |
| **Description** | **Amount Claimed** |
|  |  |
|  |  |
|  |  |

**Signature of Payee: …………………………………………… Date: ………………………**

**Signature of Social Worker: …………………………………………… Date: ………………………**

**Signature of Approving Manager: …………………………………………… Date: ………………………**

**Please return to your Social Worker or post to: Placement Services, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, BA14 8JN.**

**Any queries please contact The Finance Team, Placement Services, 01225 716510**