

**NCT Approval Panel - Expenditure Request Form**

To comply with procurement legislation, all requests for services relating to children, young people and families should be submitted to the NCT Approval Panel inbox (link below).

NB: Deadlines for submission of all cases by **12 noon** each day with the exception of urgent Placements which can be sent through by 1.30 pm latest each day.

All other essential purchases over £500 will require the completion of this form.

All expenditure will need to have an order approved in advance of contracting with a supplier.

*If this is a request for funding for transport an application to the transport hub must have been completd prior to submitting this request.*

*If you have had an application declined by the transport hub please send this form to* [*NCTransport@nctrust.co.uk*](mailto:NCTransport@nctrust.co.uk) *prior to submitting this application for their input.*

For any **Approval to Recruit** requests please complete the NCT Approval to Recruit Form below and

submit to [NCTRecruitment@nctrust.co.uk](mailto:NCTRecruitment@nctrust.co.uk) by 10 am at the latest on a Thursday.



Please complete this form and email to [NCTApprovalPanel@nctrust.co.uk](mailto:NCTApprovalPanel@nctrust.co.uk)

Incomplete/incorrect forms will be returned.

If expenditure is approved, please quote approval reference on purchase order for audit purposes.

**Once complete, this form needs to be reviewed and endorsed for approval by the appropriate budget holder.**

Please note; Internal Audit will monitor compliance with all of the above.

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| --- | --- | --- | --- |
| **Summary of expenditure** | | | |
| **Date of Request:** |  |  | |
| **Child’s CareFirst ID:** |  | **Assistant Director:** |  |
| **Requestor Name and Team name:** |  | **Budget holder’s approval** |  |
| **Business Case Cost:** |  |  | |
| **Cost Centre:** |  | **Account Code:** |  |
| **Service being requested:** |  | | |
| **Date the Service is required from:** |  | **Date Service is required until:** |  |
| **Court Directed?** |  | **Retrospective?**  **Please note – this is for exceptional circumstances beyond our control** |  |
| **Has an application for transport been submitted to the Hub**  **(to be completed by transport Hub)** | Yes/No | | |
| **Please provide details of the outcome of that application**  **(to be completed by the transport hub)** |  | | |
| **Any transport costs relating to this request? Please give**  **details i.e. Placements etc** |  |  | |
| **COVID-19 Cost?** |  |  | |

|  |  |
| --- | --- |
| **Supplier Name:** |  |
| **Funding Source e.g. revenue budget, grant, partnership:** |  |
| **Summary of Expenditure (a brief description of the nature of the purchase, please do not include sensitive information relating to a case):** |  |
| **Justification for Expenditure (why is this purchase essential):** |  |
| **Evidence Expenditure Represents Best Value:**  Please ensure that all alternative funding routes are explored e.g. Child care though early years free entitlement, housing and associated costs though the local housing departments or charities, therapeutic services from health. |  |
| **If applicable, weekly cost and number of**  **weeks** |  |
| **TOTAL Expenditure for this Request (including total cumulative cost if spread over a number of weeks)** |  |
| **Implications if Expenditure Not Approved:** |  |

**Please return authorised paperwork to** [**NCTTransport@NCTrust.co.uk**](mailto:NCTTransport@NCTrust.co.uk)

**The Transport Hub can not procure or put transport in place until this has been received.**

**NB: Requests that are for children placed out of county and for transport that is required out of county need returning to the allocated Social Worker and Business Support Team.**