**Prepayment Card – Upload Form**

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| --- | --- | --- | --- | --- |
| **Requestor Details** | | | | |
| Practitioner Name | |  | Date of request |  |
| Team Name | |  | | |
| Card Holder Name | |  | LL Number if applicable |  |
| Approved uses for cards are below please tick category for request | | | | |
|  | Care Leaver – expenses and payments | | | |
|  | Children in Care in supported living including Unaccompanied Asylum-Seeking Children (UASC) – expenses and payments | | | |
|  | Disabled Children’s Team – short breaks direct payments | | | |
|  | No Recourse to Public Funds (NRPF) – payments | | | |
|  | Staff Direct Work – expenditure on activities and direct work | | | |

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| --- | --- | --- | --- | --- |
| **Spend Details** *(please complete relevant boxes and add details as indicated)* | | | | |
| Date Payment Needed | Value | Description | Cost Centre | GL Code |
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| Overall Total |  | | | |

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| --- | --- | --- | --- |
| **Approval for Spend** | | | |
| Access to Resource (A2R) Ref Number |  | Is this within (A2R) approved amount? |  |
| If not, or if A2R is not required, payment authorised by (BH or delegate) |  | Signature of Budget Holder |  |

*If you require monies to be removed from the prepayment card, please use the original upload form and add a line in red ensuring cost centre is entered and amount is a minus.*