**Prepayment Card – Upload Form**

|  |
| --- |
| **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 |

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

|  |
| --- |
| **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.*