**APPENDIX 6 CSF9627A**

# ’SHARED CARE PLUS CLAIM FORM’

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| --- | --- |
| **Name of Child:**  | (Please print clearly**)**  |
|  |  |
| **Name of Carer:**  | (Please print clearly**)**  |

|  |  |
| --- | --- |
| **Address of Carer including post code:** (Please print clearly)  | **PAYMENT DETAILS** **PAYMENT BY BACS**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Service**  | **Session 1 (7am – 3pm)**  | **Session 2** **(3pm – 11pm)**  | **Session 3** **Overnight (11pm – 7am)**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
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|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| Plus 6 hrs per month (preparation) to cover the cost of Shopping, Meetings, Washing.  |
| **TOTAL**  |   |   |   |

**NOTES: THE ABOVE NEEDS TOBE COMPLETED IN ORDER FOR HCC TO PROCESS PAYMENT PROMPTLY.**

**THE MILEAGE SECTION ONLY NEEDS TO BE COMPLETED IF RELEVANT.**

# MILEAGE

|  |
| --- |
| **Details of journeys**  |
| **Date**  | **From**  | **Places Visited**  | **Returned to**  | **Purpose of journey**  | **Miles**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  Total mileage for period (A)  Previous mileage (from 1st April) Please supply VAT Receipts for Petrol/Diesel Mileage to date  |   |
|   |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Expenses Date**  | **Description**  | **£**  | **p**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **TOTALS**  | VAT Receipts are required.  |   |   |

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| **Vehicle details**  |
| Vehicle registration number:  |
| CC:  |
| The insurance policy relating to the vehicle (as above) used by me on the official business of the County Council and includes my use of the vehicle for business purposes. is issued by:  |
| Name of Insurance Company:  |
| If there are any changes – please notify on the next form.  |
| **PAYEE CERTIFICATION - PLEASE COMPLETE.**  |
| I certify that: * the expenses have been necessarily incurred by me on County Council business;
* the VAT receipts attached cover the period of the claim and the numbers of miles travelled
* I hold a valid Driving Licence.
 |
|  Signature of payee  |   |
| Print name  |   |
| Date  |  |

# FINANCE USE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **No of** **Sessions**  | **Per Session**  |  | **Total**  |
| Session 1 (7am – 3pm)  |   | £  | £  |  |
| Session 2 (3pm – 11pm)  |   | £  | £  |  |
| Session 2 (11pm – 7m)overnight  |   | £  | £  |  |
| Plus 6 hrs per month (preparation)  |   | £  | £  |  |
| Mileage @ 0.45 ppm No of Miles :  |   | £0.45  | £  |  |
| VAT:  |   | £  | £  |  |
| Other Expenses/Adjustments  |   | £  | £  |  |
| **Total Payment**  |   |   | **£**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vend numb** | **or** **er**  | **Cheque attachment (tick** | **)**  | **Payment Terms code**  |
|   |   |   |   |   |   | Please attach with invoice  |   | Enter **Z001** for immediate payment. Otherwise payment will be in accordance with normal vendor terms.  |   |

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| --- |
| **Remittance message (maximum 25 characters)**  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |
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|  **GL Account**  |  **DR** **CR**  | **Amount**  | **Pro****Co****Ce** | **fit / st ntre**  | **VA** **T** **Cat**  | **Internal Order**  |  **WBS**  |
| **£**  | **p**  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Nett Total**  |   |   |   |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VAT Category**  |  |  |  |  |
| Standard rate - V1  | VAT only VV  |  Third Party - non- recoverable - VC  | Zero - VZ  | Outside scope - VS  | Exempt - VO  |  Reduced rate - VR  |

|  |  |
| --- | --- |
| **Payment checks**  | **Authorisation**  |
| 1. Goods received / service performed
2. Prices checked
3. Discounts and credits checked
4. Calculations checked
5. Reconciliation checks (where appropriate)
 | Confirmed that the appropriate checks are completed, and invoice is properly payable in accordance with Financial Regulations Section 9.  |
| Signature of approving officer  |   |
| Print name  |   |
|   | Date  |   |   |   |   |   |   |   |   |