

## Residents' expenses form

**Office Address:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Held at:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

### Expenses

Type	Per hour / mile / journey	Total Cost
Child care and Dependency allowance: (PTO for more details) Up to £7 an hour	Hours	£
Car mileage 50p per mile	Miles	£
Public transport		£
Taxi		£
Other		£
Total amount claimed		£

I confirm that the above expenses have resulted from my attendance at the meeting or event as indicated above.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Signed** (L&Q Staff Member) \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Residents' Child Care Form

### Name of Children cared for, or adult dependent:

1. Age:  
\_\_\_\_\_

2. Age:  
\_\_\_\_\_

3. Age:  
\_\_\_\_\_

4. Age:  
\_\_\_\_\_

5. Age:  
\_\_\_\_\_

If your child/children are under the age of 8 years and not being cared for by a family member - the carer **MUST** be a registered childminder.

Name of Carer: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

### Relationship to you - please tick as appropriate

Family Relation  Friend  Neighbour  Registered childminder

Registration Number: \_\_\_\_\_

\_\_\_\_\_