



Expenses claim form for parents

*Please complete in CAPITALS and black ink. *Attach ALL receipts and tickets. *Where tick boxes appear, please tick those that apply.

Section 1: Personal Details

Surname

First name(s)

Home telephone number (include STD code)

NI number

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Address and postcode

Section 2: Method of payment

Please pay me:

by cheque to my home address

▶ Please go to Section 3

direct to my bank (Please complete details below)

Bank name

Account name

Bank address

Account number

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Sort code

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Building Society roll number

Section 3: Hearing details

Date of hearing

 / /

Appeal number

Full name of child

Surname

First name(s)

Full name of carer

Surname

First name(s)

Section 4: Travel expenses

Date of travel

 / /

From

To

Method of transport:

(mileage is currently 23.8p per mile)

bus car

train other (please state)

Total number of miles (if by car) (Home to hearing and return)

Amount claimed

£

For monitoring purposes, how long did it take you to travel to the hearing?

Section 5: Declaration

¹ This claim has been made in accordance with the guidance issued to me.

¹ No other claim for these expenses has been or will be made against the Tribunal or any other Government Department.

Signed

Name

Date

____ / ____ / ____

Please send your completed form to the address given in Section 6.

Section 6: Authority (for Tribunal use only)

I have examined the claim and approve payment of

Comments

Signed (EO or above)

Date

____ / ____ / ____

£

Address and postcode

Tribunals Service (Send)
Mowden Hall
Sraindrop Road
Darlington
DL3 9BG

Name

Section 7: Authorisation

Cost Centre	Operating unit	NAC code	Amount
T 0 1 5 0	3 0	2 2 6 4 1 0	£ _____

Section title and address (Do not complete if the same as Section 6).

Telephone number

Signature of Authorising Officer

Authorising Officer's number

Name of Authorising Officer

Date

____ / ____ / ____

Please send your completed AP304(P) to FD5B(APS)

For FD5B use only

Input by

on

Claim type

Checked by

on
