



# 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 <input type="text"/>	Address and postcode <input type="text"/>
First name(s) <input type="text"/>	<input type="text"/>
Home telephone number (include STD code) <input type="text"/>	<input type="text"/>
NI number <input type="text"/>	<input type="text"/>

## 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 <input type="text"/>	Account name <input type="text"/>
Bank address <input type="text"/>	Account number <input type="text"/>
<input type="text"/>	Sort code <input type="text"/>
<input type="text"/>	Building Society roll number <input type="text"/>

## Section 3: Hearing details

Date of hearing <input type="text"/>	Appeal number <input type="text"/>
<b>Full name of child</b> Surname <input type="text"/>	First name(s) <input type="text"/>
<b>Full name of carer</b> Surname <input type="text"/>	First name(s) <input type="text"/>

## 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

<sup>1</sup> This claim has been made in accordance with the guidance issued to me.  
<sup>1</sup> 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

\_\_\_\_

\_\_\_\_