**Norfolk NHS Expenses Claim Form**

Please use this form to claim back expenses from your My Care Bank or Holding account.

Expenses claims will be paid subject to the funding body authorising these payments and upon receiving receipts of all expenses incurred.

|  |  |  |  |
| --- | --- | --- | --- |
| Service User Name: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Expense** | **Description/Reason for Purchase** | | **Cost ££** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Total Claimed** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| Payee Details: |  | Bank Account Name: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort Code (6 digits)** |  |  | **-** |  |  | **-** |  |  |
| **Acc. No. (8 digits)** |  |  |  |  |  |  |  |  |

I can confirm that the above amount is a true reflection of costs I have incurred and would like to claim these back in accordance with the care plan agreed with the funding body.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Date: |  | | |
|  |  |  | |  | |
| Signed: |  |  | | |  |

**We are unable to request payments unless proof of purchases are attached and the form is correctly completed.**