

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:**

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Date	Expense	Description/Reason for Purchase	Cost ££
Total Claimed			£

Payee Details: Bank Account Name:

Sort Code: ___ ___ - ___ ___ - ___ ___

Account Number: _____

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: **Signature:**

Date:

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

Return to: Post: Equal Lives, Ground Floor, St Vedast House, St Vedast Street, Norwich, NR1 1BT
OR Email: timesheets@equallives.org.uk