**Suffolk Expenses Claim Form**

Please use this form to claim back expenses from your Holding account.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 advise keeping copies of you receipts/invoices as the Direct Payments team may request these as part of your review.**