



Expense claim form for parents

*Please complete in CAPITALS and black ink *Attach all receipts *Where tick boxes appear, tick those that apply

Section 1: Personal Details

Surname:

First name(s):

Home telephone number (include STD code):

Full address and postcode:

Section 2: Method of payment

Please pay me:

by Payable Order to my home address → please go to Section 3

Direct to my bank (please complete details below)

Bank name:

Account type (i.e. current, building society etc):

Bank address:

Account number:

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Sort code:

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Building Society roll number:

Section 3: Hearing/further details

Hearing details

Date of hearing:

Case reference number:

Further details (please enter the names of those persons you incurred travel costs for):



Section 4: Travel expenses

Date of travel:

From (outward journey):

To (outward journey):

From (return journey):

To (return journey):

Methods of transport (please tick transport methods used to attend hearing – **all tickets must be included when returning your claim form**):

Bus Car Train Other (please specify)

Total cost of public transport:

Total number of miles (if by car, motorcycle or bicycle)
(Mileage calculated from home to hearing and return):

Mileage amount claimed:

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

Section 5: Claiming expenses for your child

Please note that there is a separate expense claim form for young people (those aged 16 or 17). If your child is aged 16 or 17, attended the hearing and paid for their own transport costs, please ask for a claim form for young people from your case officer or the tribunal administration on **0845 120 2906**.

Did your child attend the hearing? Yes No

Total child transport costs:

Please attach all relevant travel receipts for your child with this claim. Payment will be made directly to the bank account you have nominated in Section 2 of this form.



Section 6: Child care/adult care costs

Name of child carer/adult carer:

Address of child carer/adult carer:

Is child carer/adult carer registered with a Local Authority?

Yes

No

If yes, please enter the name of the Local Authority and the Registration number of the child carer/adult carer:

Name of child/person within care	Number of hours in attendance of child carer/ adult carer	Hourly rate	Total amount claimed (£)

To be completed by the child carer/adult carer:

I certify that I have charged the amount detailed within Section 4 of this claim form, to the person named in Section 1 of this form.

Signed:

Print name:

Date: / /

Section 7: Receiving confirmation of your expenses payment

We will issue you with a remittance advice note, detailing the amount being paid to you and the date of payment. Please indicate below how you would like to be informed of this information:

1. Please send the remittance advice note to me by post to my home address

2. Please send the remittance advice note to me by email

If so, please enter your email address:

3. Please send the remittance advice note to me by fax

If so, please enter your fax number below:



Additional Support Needs
Tribunals for Scotland

Section 8: Declaration

- I have read and understood the Additional Support Needs guidance document **ASNT001g** (Parents' Expense Claim Guidance) which contains the rules and conditions under which I am claiming these expenses. I confirm that this claim complies with these rules and conditions, and that the expenses I am claiming in this claim were necessarily incurred by me in the course of travelling to an Additional Support Needs Tribunal.
- No other claim for these expenses has been or will be made against the Tribunal or any other Government Department.

Signed:

Print Name:

Date:

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Section 9: SEAS Processing Details (for office use only)

ASNTS expense claim ID & invoice number:

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Cost Centre:

1	7	3	8	0	0
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Applicable Account Codes:

Sub-Analysis 1:

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Date claim sent to SEAS team:

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Total amount of parent expenses:
£

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Total amount of child expenses:
£

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I have examined the above claim and approve the amount of:
£

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Processing Officer Name:

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Processing Officer Signature:

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Date:

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Section 10: Countersignature

I confirm that I have undertaken the actions and responsibilities placed on officers countersigning expense claims as stated in **Section B1.2, paragraphs 15-17** of the Scottish Executive staff handbook. In particular, I can confirm that these expenses were incurred in the course of travel to an Additional Support Needs Tribunal. I have checked this claim for accuracy; it complies with the rules and conditions stated in the Additional Support Needs guidance document **ASNT001g** (Parents Expenses Guidance); and that the necessary receipts are attached. I authorise payment of this claim.

Signed (B2 or above):

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Name:

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Date:

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