



Resident expenses form

Office address: _____

Date: ____ / ____ / ____ Meeting/event: _____

Held at: _____

Name: _____ Address: _____

Postcode: _____

Contact telephone number: _____

Expenses

Type	Per hour / mile / journey	Total cost
Child care and dependency: <small>(Please turn over for more details) Up to £7 an hour</small>	Hours	£
Car mileage 50p per mile	Miles	£
Public transport		£
Taxi (if approved by an L&Q officer)		£
Other		£
Total amount claimed		£

I confirm that the above expenses have resulted from my attendance at the meeting or event as indicated above.

Signed: _____

Date: ____ / ____ / ____

Signed (L&Q staff member) _____

Date: ____ / ____ / ____

Resident expenses form

Names of children or adult dependents cared for:

1.	Age:
_____	_____
2.	Age:
_____	_____
3.	Age:
_____	_____
4.	Age:
_____	_____
5.	Age:
_____	_____

Expenses for childcare will only be reimbursed where a registered childminder is used.

Name of carer:	Address:
_____	_____
_____	_____

Postcode:

Contact telephone number:

Childminder Registration Number:
