Annex H

CHILDCARE / DEPENDANT EXPENSE CLAIM FORM

Period Ended: _____ Name of parent/guardian: _____

Date	Names of children / dependants	Time from	Time To	Total Hours	Hourly charge	Total Cost	Reason care required

I confirm that the information given above is correct and represents a true record of expenditure.

Signature of parent/guardian: …….

Signature of carer: …… Date: ……

Verified by Project Manager

Name: ……(PLEASE PRINT)

Signature: …… Date: ……

Annex H