NC TLC Trust Hospital Visits Record Form

Childs Name:	Family Address: Home Postcode:	Contact No:

Hospital Name & Postcode (postcode is only needed once)	Date of visit	Distance from Home (in miles)	Reason for visit	Receipts Received (√)	Subsistance costs	Parking costs	Mileage claimed **	Appointment Letter (√)
				TOTALS:	£	£	miles	

*Parents signature: Date: Are you receiving help from any other source?
If 'yes' please specify:

PLEASE NOTE: Hospital expenses will only be sent for Trustee approval if the form is completed correctly, with ALL claims being for no more than a maximum of 2 months at a time. ** **Mileage is set in line with Northampton General Hospital.**

*Your signature is a declaration that your claim is genuine and NC TLC Trust have the authority to carry out any checks neccessary.