

**Signposts Multi Agency Resource Centre**  
**Childcare Expenses Claim Form**

Name \_\_\_\_\_ Area of work \_\_\_\_\_ Month \_\_\_\_\_

Date	Area of work	Childcare costs incurred	Provider	Discount given (nursery vouchers)	Running Total (matching amount claimed)
TOTAL (this sheet only)					

**Signed (claimant)** \_\_\_\_\_

**Signed (Strategic Worker)** \_\_\_\_\_