Repayment of Learner Expenses

Before submitting your claim for expenses, please ensure you have completed an Application for Financial Assistance and provided your bank details.

Student Name				
Age Group	**16-18**		**19+**	
Address				
Full title of course				
Reason for claim: e.g. Normal Travel or Work Placement				

Mode of transport **Public Transport** ☐ **Own transport** ☐
(please attach used tickets) (30p per mile)

Dates of Attendance Sessions in Academic Year 20…. /20….

	Dates of Travel	Dates of Travel	Dates of Travel	Dates of Travel	Lecturer's Signature
MONDAY	…./…./….	…./…./….	…./…./….	…./…./….	
TUESDAY	…./…./….	…./…./….	…./…./….	…./…./….	
WEDNESDAY	…./…./….	…./…./…	…./…./….	…./…./….	
THURSDAY	…./…./….	…./…./….	…./…./….	…./…./….	
FRIDAY	…./…./….	…./…./….	…./…./….	…./…./….	

Summary of claim:

No of Return Journeys	Cost per Return Journey £	p	Amount Claimed £	p
TOTAL CLAIMED				

Declaration: I hereby declare that the above information is correct.

Signature of Student: _____ Date _____

Certified Correct/Payment: _____ Date _____