

WELWYN HATFIELD BOROUGH COUNCIL MEMBERS CARE ALLOWANCE CLAIM FORM

NAME: Councillor.....

Date	Childcare/Dependent Care	Receipt Attached	Hourly rate	Hours Claimed	Total of Claim
TOTALS					

Childcare – Maximum of £8.21 per hour

Dependent Care – Maximum of £12.40 per hour

A maximum of 20 hours per month may be claimed.

Claims must be supported by a valid receipt.

Payments to other members of the household will be excluded.

Signed (Councillor)

Authorised for Payment..... (Governance Services Manager)

This form should be returned to Governance Services by the **24th of each month** for payment with the following month's allowance

