

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

