

## NC TLC Trust Hospital Visits Record Form

Childs Name:	Family Address:	Home Postcode:	Contact No:
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Hospital Name & Postcode (postcode is only needed once)	Date of visit	Distance from Home (in miles)	Reason for visit	Receipts Received (v)	Subsistance costs	Parking costs	Mileage claimed **	Appointment Letter (v)
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 necessary.