

**Swindon Sure Start Partnership
Early Education for Two Year Olds
Supply Cover Claim Form
2009 - 10**



Student details (person attending review)

Name _____ Setting _____

Name of Child _____

Review Date _____

Conditions of claim

- **Please attach evidence of supply cover paid.** (ie photocopy of payslip or an invoice to the setting from the person that provided supply cover)
- **All claims must reach Swindon SSP within one month of the review date.**
- **If correct evidence is not returned with the claim form, the claim will be considered invalid.**
- **If you require advice please contact Denise Stewart on 01793 463127.**

Cover details

Name of person providing cover	Description of cover ie: supervision/teach/helper	Total number of hours	Cost per hour	Cost Total

Setting declaration/Payment details (to be signed by Manager/Supervisor/Childminder)

I declare that the details given on this form are true to the best of my knowledge.

Signed _____ Print name _____

Job title _____ Date _____

Return to: SSSP, 4th Floor, Premier House, Station Road, Swindon, SN1 1TZ

For office use only:

Checked by: _____

Supplier No: _____ Site: _____

Expenditure code: E-3374-D7265 Amount: £ _____

Approved: _____ Carmel Burton, SSSP Manager