

# HOST FAMILY EXPENSES CLAIM FORM

CROWN GUARDIANS (BATH) LTD



Host Family:

Date: DD / MM / YY

Full Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Claim for:

	Student Name & School	From DD/MM	To DD/MM	Nights
1				
2				
3				
4				

Total of nights \_\_\_\_\_

Payment per night \_\_\_\_\_

Total homestay fees \_\_\_\_\_

Travelling expenses: miles (to and from school / trips)

	Student Name	From	To	Date DD / MM	Miles Driven
1					
2					
3					
4					
5					
6					

Total miles \_\_\_\_\_

Payment per mile 0.45

Total mileage payable \_\_\_\_\_

Additional Expenses (eg. telephone, entertainment, pocket money, etc)

	Student Name	Date DD / MM	Details of expense	£
1				
2				
3				
4				

\*Please provide all receipts when possible. Thank you.

Total Expenses \_\_\_\_\_

**Total due:**

Please return this form and send it by post, fax or e-mail to process your payment as soon as possible.

Crown Guardians (Bath) Ltd 29 St James's Park, Bath, BA1 2SU Tel 01225 423327 Fax 01225 313076

Accounts e-mail: martha@crownguardians.co.uk

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CROWN GUARDIANS (BATH) LTD



Please provide Bank Details for BACS payments:

Bank Name:

Account Name:

Sort Code:

Account Number:

Please provide name if payment by cheque is preferred\*

\*BACS payment is preferred as payments are transferred directly into your bank account and waiting time for postage, paying in the bank and waiting time to be cashed is avoided. We aim to complete payments within 24 - 48 hours after receipt of the completed claim form .

**We would like to thank you for your hospitality and care towards our students**

**Please return this form and send it by post, fax or e-mail to process your payment as soon as possible.**

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