

Broadband & Telephone Charges Claim

Please complete this form if you are a member of one of the service improvement groups and you wish to make an ongoing claim for broadband and telephone charges incurred from carrying out work in connection with your group.

Please read the Resident Involvement Expenses Policy before making your first claim.

If this is your first claim you should also complete the **Bank Details for Resident Expenses form.**

**Broadband & Telephone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly cost: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We will reimburse charges up to £20 a month.**

**Dates of claim**

From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_ Backdated amount: £\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of your monthly bill with this form**

I confirm that the information that I have provided is accurate and valid under the terms of the Residents Involvement Expenses Policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Officer Confirmation**

I confirm that I have checked the above claim and attached receipts and that this should be processed for payment.

Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

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**Broadband Charges Receipt**

I confirm that your expense claim for £\_\_\_\_\_\_\_ has been checked and will be submitted to the Corporate Finance team to be processed.

Officer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_