

UNIVERSAL INFANT FREE SCHOOL MEALS

**DCS FORM 005 - CLAIMS FOR REFUND OF UNIVERSAL INFANT FREE SCHOOL MEALS
IN CIVILIAN SCHOOLS OVERSEAS**

PART A – Privacy Statement

1. Personal data recorded on this form is collected for processing purposes only in line with the General Data Protection Regulations (GDPR), Article 6(1)(e); Data Protection Act (DPA) 2018 and not shared with third parties.
2. Processing of this data is necessary for application screening and refund approval where applicable.

PART B – to be completed by the applicant

1. Applicants Details

Name	Rank/Title
Service/Staff Number	
Telephone Number(s)	
Email Address	

2. Details of Overseas posting

Employing Unit Title	
Unit address	
UIN	
Location (Country and Town)	
Posting start date	Posting end date

3. Child's details

Name			
Date of Birth	Gender	Male/Female*	<i>*delete as appropriate</i>

4. Details of School

Name of School
Address
Contact Telephone
Date of admission

5. Universal Infant Free School Meals
Complete part a **OR** part b, 1 claim per term.

Part a

Meals Provided by School - Invoice/ receipt must be attached.
Term dates
Total Amount Claimed

Part b

Claim for reimbursement of packed meal provided by parent
Reason for claim (i.e. school can't provide meal; child allergic to meal provided etc)
Term dates
Number of days attended at school - proof of attendance required
Rate claimed (as per UIFSM DIN)
Total amount claimed

6. Applicant's declaration

I certify that the expenses detailed above are accurate and in accordance with 2016DIN01-050.

Authorisation reference number as per DCYP Form 001 submitted for these claims. Claims cannot be paid without this reference. Contact CEAS enquiries if reference number has been lost.	
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Signature of applicant

Date

7. Payment Details

Details of School's bank to be credited (name and address)		
Sort code	Account number	
Amount to be paid	Term	Year

OR

Details of applicant's bank to be credited (name and address)		
Sort code	Account number	
Amount to be paid	Term	Year

PART C – to be completed by the applicant’s Commanding Officer or Head of Department

8. Unit endorsement

It is certified that:

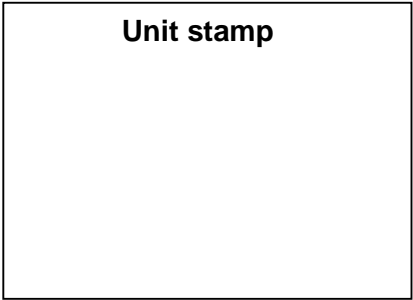
1. The above particulars are correct to the best of my knowledge.
2. The proposed expenditure is considered necessary and reasonable.

Authorising Signature

Date

Name (capitals)

Appointment



Claim forms are to be submitted as per Note 1 on DCS Form 001 - Authorisation