Withdrawn

This publication is withdrawn.

This publication is no longer current.

Mental Health Support Service Claim Form



Please ensure that you have read the declaration before submitting a claim form to AtW

DECLARATION

- I claim reimbursment of costs from Access to Work and certify that the amounts claimed have been checked and agreed with the contract
- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to presecution or and/other action
- I understand that claims may be subject to validation and information will be checked with other sources including employers, suppliers and customers
- No part of this claim has been included in any previous claim
- I understand that Access to Work will not accept claim forms for reimbursment that are made more than six months after costs were incurred

Authorised Signatory		Name (Print in Capitals)	
Date		Position Held	
(DD/MM/YY)		Company Name	
Contract Ref No.		Geographical Group	Scotland
Claim Type	Support Plan		

Part 1

Claim Type	Number of Claims	Cost
Support Plan	0	£0.00
Exit Report Payment	0	£0.00
Still In Work	0	£0.00
TOTAL	0	£0.00

Part 2

Customer Name	Customer URN	Referred by	Claim Type	Total	Total VAT	Total
		Referred by (Adviser Name)		(Excluding VAT)		
	100 000 000	A Example	Support Plan	£0.00	£0.00	£0.00
						£0.00
						£0.00
						£0.00
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						£0.00
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