**Foster Carer Sessional Worker Invoice** 

Invoice to be sent to placementstabilityteam@kent.gov.uk

|  |  |
| --- | --- |
| **Date Invoice received** |  |
| **Foster Carer Sessional Worker details** |
| **Name** |  |
| **Address** |  |
| **Signature** |  |
| **Recipient Foster Carer(s) details** |
| **Name** |  |
| **Fostering Social Worker** |  |
| **Team** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period claimed for** | **From** | **To** | **Number of Hours claimed (paid at £10.00 per hour)** | **Total amount of claim** |
|  |  |  |  |

Official Use Only

|  |  |
| --- | --- |
| **Authoriser** | **Signature:** |
| **Name:** |  **Date:** |
| **Budget Code** | S 35K 39952 523 |
| **Date invoice sent to FPS** |  |

NB. Foster Care Travel Claim Form is the same as the one foster carers would normally use.