DIRECT PAYMENTS MONTHLY RETURN - DEPARTMENT OF COMMUNITY SERVICES

USERS RECORD OF EXPENDITURE (Form 4)

Please return to:
The Direct Payments Team, W.C.C
Department of Community Services
County Hall
Trowbridge, BA14 8LE

YEAR: 2007/08 MONTH:

USER'S NAME & ADDRESS:

(Please Insert)

DATE	PAID TO	CHEQUE NO	AMOUNT	CARE/SUPPORT	RESPITE	TAX & NAT INS	BOOK KEEPING	OTHER	TOTAL
TOTALS									

NOTES:

1. All cheques MUST be recorded separately on the above record.
2. Where a cheque covers several categories, please split the amount across the relevant categories if possible.
3. Please use a fresh form if you need more space.
4. Please sign the return where indicated to confirm spend.

Please return to the above address by 10th of the following month

User or Representatives Signature

Date: