Please do not amend this form without prior approval

 **Reward & Recognition Claim form**

**April 2022 to March 2023**

**Reward and Recognition Scheme:**

London Borough of Newham (LBN)) and its contractors recognise the need to reward the contribution that customers make towards developing and enhancing their services. They have implemented a Reward and Recognition Policy that clearly outlines what rewards, financial or otherwise, are associated and paid where necessary. The Council and any other organisation running this programme cannot be held responsible for any benefit or tax implications that might arise if you claim these payments. If you are unsure then please seek suitable expert advice.

If you have attended any meetings or event, as listed below, then you are entitled to claim payment under the Council’s Reward and Recognition Policy scheme and also expenses for travel and some other costs.

Co-Production team use only Amount **Total £**

**Please complete all of this form to make your claim. Incomplete forms may lead to a delay in your payment.**

**PLEASE WRITE CLEARLY**

**Name:**

**Address:**

**Post Code:**

**Phone:**

**PAYMENT METHOD**

**Requests for Reward & Recognition payments are normally be made via BACS transfer directly into a nominated bank account. However we can also pay by shopping vouchers for any claims under £75.00.**

**PLEASE INDICATE YOUR CHOICE OF PAYMENT METHOD**

|  |  |  |  |
| --- | --- | --- | --- |
| **BACS** |  |  **SHOPPING VOUCHERS (for claims under £75.00)**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ASDA** |  | **Sainsbury’s** |  |

**Please select just one**

**CUSTOMER BANK DETAILS – First claim only**

|  |  |
| --- | --- |
| **Full name on bank account** |  |
| **Name of Bank** |  |
| **Account Number:** |  |  |  |  |  |  |  |  |
| **Sort code:** |  |  |  |
| **Home Address:** |  |
|  |
| **Post Code:** |  |
| **Email (To receive Remittance advice):** |  |

**Consent: By signing here you agree for your details to be used to set you up as an Individual Vendor to receive this and future Reward and Recognition Payments for payments via BACS.**

**Signed: Date:**

**Claim for payment under the Reward & Recognition Scheme**

**Please write clearly**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of meeting** **e.g. NCPF(A) plus name of Lead Officer** | **Date of meeting** | **Hours Claimed (or part hour)**Current rate is £11.05 from 1/4/22 to 31/3/23 only | **Total Amount Claimed****£** |
|  |  |  |  |
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|  |  |  |  |
|  **Total** |  |

|  |
| --- |
| **Use this calculator to work out the correct amount to be claimed.**  |
| **½ hour** | **1.5 hours** | **2 hours** | **2.5 hours** | **3 hours** |
| **£5.53** | **£16.58** | **£22.10** | **£27.63** | **£33.15** |

**Claim for Taxi or Public Transport Expenses**

**(If using Taxicard then only claim the first £5 of each journey)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting date** | **Taxi Fare** | **Public Transport** | **Total Claimed****£** |
|  |  |  |  |
|  |  |  |  |
| **Total Claimed** | **£** |

**Travel by Private Vehicle**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meeting Date** | **Registration Number (if applicable)** | **Return Miles Travelled** | **Rate per Mile****Cars - 0.45p****Cycles - 0.20p** | **Total Claimed** **£** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Claimed** | **£** |

**Total Amount Claimed is:**

Reward and Recognition £

Taxi or Public Transport £

Phone or broadband costs (must be agreed

with Lead Officer in advance) £

Carer or care costs (must be agreed

with Lead Officer in advance) Approved receipt must be attached for each claim £

Private Vehicle £

Total Payment Claimed £

I make the above claim and confirm that I attended meetings on the dates stated.

**Signed: Date:**

On receipt of this claim, payment will normally be made within 21 days but in some cases this may be up to 28 days. All receipts must be provided with this claim and if not, there may be a delay in payment.

Claims should normally be made within a month in which the work took place. Any claims over 3 months old may be refused.

Your contact information may be used to send you Co-Production related information. If you want to receive this information please tick here. [ ]

**Please email your claim form to:**

**** **Co-Productionteam@newham.gov.uk**

**Or take a photo and send it to:**

 **07970406126**

**If in any doubt please check with the Lead Officer or Project Lead BEFORE you make your claim.**

**Claim approved by:**

Lead Officer:

Date:

**Co-Production Receipt for Care costs**

Resident’s name:

Address:

Post Code:

Email:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of meeting/event** | **Hours being claimed****(agreed with Lead Officer in advance)** | **Rate being paid per hour****(agreed with Lead Officer in advance)** | **Relationship of carer to customer/resident****e.g. family member; friend; registered carer** |
|  |  |  |  |
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I certify that the above claim is accurate.

Signature:

Name: Date:

CLAIMS FOR CARE COSTS WILL NOT BE PAID UNLESS THIS FORM IS COMPLETED IN FULL AND RETURNED WITH YOUR CLAIM. FAILURE TO INCLUDE THIS FORM WITH YOUR CLAIM MAY LEAD TO A DELAY IN PAYMENT.