

## Personal Budget DP Account – Request for Payment

Office Use Only

### Service User Claim Form – Payment Request

Service User Name:	
Reference:	
Address:	
Postcode:	

Date: .....  
 Plan: .....  
 Paid: .....  
 Refer: .....  
 Sign-off.....

**Please tick box that applies:**

- 1 I am claiming for money that I have already spent, my receipts are attached
- 2 I am claiming this money 'up front' and will send my receipts later (if required)

Amount being claimed:	Period Covered: (e.g. 13/11/17-10/12/17)	Details of claim
<b>£</b>	<b>Total amount claimed</b> <i>(DO NOT COMPLETE THIS IF YOU HAVE ALREADY CLAIMED)</i>	

**I wish to be paid into my bank account:**

Account Name:	
Sort Code:	
Account Number:	

*You only need to provide details for your first claim or if payment is to be made to another person/bank account*

Signed:	
Date:	
Name <i>(if different from above)</i>	
Email address:	
Contact number:	

*Please send/email your completed form together with copies of receipts/invoices to:*

**Direct Payment Client Service Team (DPCST)**  
 County Hall, Martineau Lane, Norwich, NR1 2UE.  
 Tel: 01603 223392. Email: [DPCST@norfolk.gov.uk](mailto:DPCST@norfolk.gov.uk)