**Claim Form for Contractor/Independent Panel Member**

This form must be completed and returned to the Shared Services Centre, Time Team before a payment can be generated.

**For completion by Authorising Manager/Headteacher**

|  |  |
| --- | --- |
| Forename/s of claimant: |  |
| Surname of claimant: |  |
| Employee Number: |  |
| Position title (E.G. Independent Panel Member/Contractor ): |  |
| Establishment Name/Panel (if applicable): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please compete the appropriate section depending on whether the claim relates to a payment based on a daily or hourly rate** | | | |
| Daily Rate Amount |  | Travel Rate |  |
| Number of Days |  | Number of Miles |  |
| Total Payment Amount |  | Travel Claim Total |  |
| Date(s) of Claim |  |  |  |
| **SSC USE ONLY: Additional Payments** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Hourly Rate |  | Travel Rate |  |
| Number of Hours |  | Number of Miles |  |
| Total Payment Amount |  | Travel Claim Total |  |
| Date of Claim |  |  |  |
| **SSC USE ONLY: Remuneration** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of claimant: |  | | Date: |  |
| Name of Authorising Manager/Headteacher: | |  | | |
| Signature of Authorising Manager/Headteacher: | |  | | |
| Date: | |  | | |

**Please Note**

This process enables payment to be made to individuals who undertake Independent Panels/External Contracting. Please ensure that this form is returned by the 5th working day of the month to ensure the SSC have sufficient time to process the changes before ‘Lockdown’. Please be aware that payment will be made monthly in arrears. Payment is paid by Bank Credit Transfer on or before 25th of each month.

**Please return to the Time Team at the address below:**

Derbyshire County Council

Shared Services Centre

County Hall

Matlock

DE4 3AG