

## Bluestones Medical Complex Care expenses form

- Please email your timesheet over to [complexcaretimesheets@bluestonesmedicalcomplexcare.co.uk](mailto:complexcaretimesheets@bluestonesmedicalcomplexcare.co.uk) by 11am on a Monday
- Please ensure your timesheet is signed and dated by yourself and your manager



<b>First name:</b>	<b>Last name:</b>	<b>House name:</b>	<b>Manager:</b>
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Date	Location & Address	Description	Miles	Amount	Total

### Worker declaration

I declare that the information I have given on this form is correct and I have not claimed elsewhere for what I have detailed on this form. I understand that if I knowingly provide false information that this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the authority, other public sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**Full name:** .....

**Date:** .....

**Sign:** .....

### Manager declaration

I am an authorised signatory for this home. I am signing to confirm that the expenses that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**Full name:** .....

**Date:** .....

**Sign:** .....