

## FURTHER EDUCATION PLACEMENT TRAVEL EXPENSES CLAIM FORM

**IN THE EVENT OF A STUDENT ATTENDING PLACEMENT OVER A PERIOD OF CONSECUTIVE WEEKS, EITHER WEEKLY OR MONTHLY BUS TICKETS SHOULD TO BE PURCHASED AND RECEIPTS SUBMITTED WITH THIS CLAIM.**

Name  Student Reference

Course

Home Term/Time Address

Name and Address of Placement

Date(s) of Placement

Number of Days  Total Fares £

**Declaration – To be completed by Student**

I confirm that I have incurred travel costs to the placement as stated above.

SIGNATURE  DATE

**To be completed by the Studies Adviser**

I confirm the above has attended the placement detailed above and that this information will be used to re-inburse the student for travel costs.

Signature  Date

Name

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**For Office Use**

Received  Entered to SFS  Initials