# Break Time Claim Form

**To be completed and received within 14 days of the period end date in respect of the preceding 4-week period, for which the funding is claimed in arrears.**

**Forward together with the corresponding invoice to:**

**cyp-shortbreaks@lancashire.gov.uk**

|  |  |
| --- | --- |
| Provider Name |  |
| Dates of this claim *start / end dates* |  |
| Invoice number this relates to |  |
| Which provision is this claim for (please state one per claim)* Term time weekdays
* Term time weekends
* School holidays
 |  |
| District of provision for this claim (please state one per claim) |  |
| Age range of this claim * Primary
* Secondary
* Both
 |  |
| Total number of CYP who attended the sessions during the claim period |  |
| Total number of sessions delivered during the claim period |  |
| Length of sessions delivered |  |
| Cost per session (as agreed) |  |
| Amount of parental contribution during the claim period |  |
| Total amount of claim |  |