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| STUDENT NAME: |  |
| STUDENT NO: |  |
| TEAM/SECTOR: | **TFA** |
| MONTH OF CLAIM: |  |

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| Line | Date of travel | Details of Claim | £ |
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|  |  | **Total Claim** |  |

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| **Student Declaration:** | |
| I confirm that I have incurred the above expenses solely for the purpose of attending my Foundation Apprenticeship classes and/or work placement. I have attached original receipts for all costs claimed. | |
| **Signed:** | **Date:** |

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| **Foundation Apprenticeship Programme Officer:** | |
| I authorise the claim detail above and confirm that all costs were solely incurred for the purpose of attending Foundation Apprenticeship classes and/or work placement. | |
| **Signed:** | **Date:** |