SNIPEF Training Services Ltd
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SNIPEF TRAINING SERVICES

European Union | The Scottish Government Riaghaltas na h-Alba
EUROPE & SCOTLAND
European Social Fund
Investing in a Smart, Sustainable and Inclusive Future

Skills Development Scotland

SDS – Travel & Subsistence (Funded) Form

Claim Form Information

Please fully complete **all** sections of the undernoted Claim Form. Failure to fully complete this Claim Form may result in the Travel & Lodgings claim being rejected.

- Fully completed Claim Forms must be submitted to SNIPEF Training Services Ltd via email (training@snipef.org) **within 4 weeks** of the **START DATE** of college attendance.
- All receipts for Travel & Lodgings must be attached. We suggest copies of receipts are submitted.

Apprentice Details

Apprentice Name	
Apprentice NI Number	
Address Line 1	
Address Line 2	
Town/City	
Post Code	

Employer Details

Business Name	
Address Line 1	
Address Line 2	
Town/City	
Post Code	

Travel & Lodgings Period of Claim

You must enter the dates below to indicate the period of Travel & Lodgings you wish Skills Development Scotland to make payment for.

Travelling Expenses				
Period of Claim	**From:**	DD/MM/YYYY	**To:**	DD/MM/YYYY
No. of Days Claimed For				

Lodging Expenses (if applicable)				
Period of Claim	**From:**	DD/MM/YYYY	**To:**	DD/MM/YYYY
No. of Nights Claimed For				

College Attendance & Declaration

Please note it is a requirement of the Travel & Lodgings – Rules & Regulations that your College Lecturer completes the below information and signs the Lecturer Declaration.

College Name				
College Lecturer Name				
Period of Claim	**From:**	DD/MM/YYYY	**To:**	DD/MM/YYYY
Required Days of Attendance				
Actual Days of Attendance				
Reason for Days Not Attended				

Lecturer Declaration			
I declare, to the best of my knowledge and belief that all statements and information provided in the College Attendance & Declaration section above are correct and fully complete.			
Lecturer Signature		**Date (DD/MM/YYYY)**	

Travel & Lodgings Payment Details

As per the 'SDS Travel & Lodgings – Confirmation of Travel Letter' bank details entered on this Claim Form will be checked against the details provided in the annual Initial Form. Travel & Lodgings payment may be split between the apprentice and the employer therefore bank details for both parties are required to be entered below. **All SDS Travel & Lodgings payments are now made by BACS transfer. Cheques will no longer be issued for payments.**

Apprentice Bank Details								
Account Holder Name								
Bank Name								
Account Number								
Sort Code			-			-		

Employer Bank Details								
Account Holder Name								
Bank Name								
Account Number								
Sort Code								

If the bank details in this Claim Form do not match the details on the annual Initial Form this may delay SDS Travel & Lodgings payments as this will require to be investigated. Please note if bank details are incorrect and Travel & Lodgings payments are paid into the wrong bank account these payments will be unrecoverable and SNIPEF Training Services Ltd is not liable to reimburse any lost SDS Travel & Lodgings payments*

Additional Comments

If you have any additional comments or if you need to add anything in relation to this Travel & Lodgings – Claim Form please enter below. Comments can also be added by the Training Provider in this section.

Apprentice & Employer Declaration

Please note it is a requirement of the Travel & Lodgings – Rules & Regulations that the apprentice and employer complete and sign the below declarations.

Apprentice Declaration			
I declare, to the best of my knowledge and belief that all statements and information provided in this Travel & Lodgings Claim Form are correct and fully complete. I have followed the Skills Development Scotland Travel & Lodgings – Rules & Regulations to the best of my ability. I understand that if I do not provide all receipts with my Travel & Lodgings Claim Form Skills Development Scotland will not be able to make any Travel & Lodgings payments.			
Apprentice Signature		**Date (DD/MM/YYYY)**	

Employer Declaration			
I declare that all statements and information provided in this Travel & Lodgings Claim Form by my apprentice are correct and fully complete.			
Employer Signature		**Date (DD/MM/YYYY)**	

If you have any questions regarding the apprenticeship training programme or this "SDS Travel & Lodgings – Claim Form" please contact SNIPEF Training Services Ltd on 0131 524 1245 or alternatively you can email us at training@snipef.org