

## CYCLE INSTRUCTOR CLAIM FORM 200

Completed Group register **MUST** be submitted with claim. Use a separate register/claim form for each group (max 20)

Claimant Name

Claimant Address (to which cheque is to be sent)

Postcode

PLEASE PRINT :- LESSON DATE	SCHOOL and group. (Use a separate form for each group)	Time		Number of pupils Max 20	Hours Claimed
		From	To		

I certify that I have carried out the above duties and the claim is in accordance with the current regulations

N.B. For instructions of how to claim please refer to your Cycle Training Instructor Book

Signed .....

Claimant please return this form to :

**Principal Road Safety Officer, Capita Symonds, Ty Gwent, Lake View,  
Llantarnam Park, CWMBRAN NP44 3HR**

OFFICE USE ONLY				Net Amount	VAT N/A	TOTAL
<b>Description of payment</b>	Capita Symonds Road Safety Cycle Proficiency Training Allowance				0	
Work Order	Activity Stage	Amount	Charge Y/N			
	DBM		Y			

Signed

PRSO

Date .....

Date Form Received	
Instructor Registration Form Checked	
Numbers Transferred to Database	
RSTSO Processed	