**Appendix to VPR ANNEX A: Additional Costs Claimed – Except ESOL / Universal Credit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LA Ref** | **Name** | **VPR or RVC Number** | **Additional Cost Type** | **Amount**  **Claimed** | **LA explanation for the claim – please provide as much information as possible** | **Supporting Document or Invoice Attached (Y/N)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Additional Costs Appendix Guidelines**

|  |  |
| --- | --- |
| **LA Ref** | * Please Provide LA Reference Number * Please Enter Name * Please enter VPR or RVC Number * Enter Type of Additional Support Cost * Enter Amount Claimed * Please provide reason / justification for the cost * Please attach supporting documents (Excel, Word, or PDF format) – Please note claims without supporting information will be returned |
| **Name** |
| **VPR or RVC Number** |
| **Additional Cost Type** |
| **Amount Claimed** |
| **LA explanation for the claim – please provide as much information as possible to support the cost** |
| **Supporting Document or Invoice Attached (Y/N)** |