FR 1

Crime File Review Report and Claim Form

Month _____ / 20____

Contract Number Criminal | | | | | | | | | | | | | | |

Supplier Name: _____ Office Account Number: | | | | | | |

	Number of Reviews Oct 20____ - Sept 20____	Cost of each Review £ (Including VAT)	Total £ (Including VAT)
Crime (Paper)			
Crime (Face to Face)			

No. of Supervisors	
No. of other designated staff	

I confirm that this claim refers to file reviews actually carried out, during the period from 1 October 20___ to 30 September 20___ inclusive, and that the record of file reviews will be made available at audit if requested.

Supplier _____
Sign

FOR LSC USE ONLY.

Regional Office: _____

Authorised for payment

CDSM _____
Sign

NOTE: This form may only be used to claim for file reviews carried out between 1 October and 30 September. Failure to submit the form to your LSC Regional Office by 10 December will mean that no claim will be paid.