

# FR2

## Mediation File Review Report and Claim Form

Month \_\_\_\_\_ / 20 \_\_\_\_\_

Contract number mediation

Supplier Name: _____	Supplier Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	Number of Reviews	Cost of each Review £	Total £ (Including VAT where applicable)
Mediation			

No. of Supervisors	
No. of Mediation fee earners	

I confirm that this claim refers to file reviews actually carried out and that the record of file reviews will be made available at audit if requested.

Supplier \_\_\_\_\_ Date \_\_\_\_\_  
Sign

<b>FOR LSC USE ONLY</b>	<b>Regional Office:</b> _____
Authorised for payment.	Civil Contract Manager _____ Date _____
	Sign

**Note: This form may only be used to claim annually for file reviews carried out between 1 Oct - 30 Sept. Failure to submit the form to your Regional Office for authorisation by the 10th December will mean that no claim will be recorded.**