

For office use only:

Approved: _____

Refund details: _____



EQUIPMENT BANK REQUEST FORM

Footsteps Foundation funds 50% of the cost towards specialist equipment that is used and recommended by our therapists at Footsteps.

CHILD'S NAME: _____

PARENT'S NAME: _____

EQUIPMENT REQUEST

ITEM	SUPPLIER	TOTAL COST (INC VAT & DELIVERY)
TOTAL COST OF ITEMS		£

Name of therapist(s) who has/have recommended the above equipment

_____ Date _____

50% of total cost:

Please note, Footsteps Foundation can pay a maximum of £200 for each child over the course of a year (depending on available funds).

Checklist:

Order invoices

Footsteps Foundation cannot contribute towards the cost without an invoice or order confirmation.

Please provide your account details in order for Footsteps Foundation to transfer 50% of the cost to you.

Name of Account Holder _____

Account Number _____ Sort Code _____

Please send your completed request form along with your order invoices to Clare Morley, Footsteps Foundation, 4 Queen Street, Dorchester-on-Thames. Oxon. OX10 7HR.