



Form
BCCVS 5

BARRINGTONS CHILD CARE VOUCHERS

Voucher Order Form

Organisation: _____

Address: _____

Main Contact: _____

Email: _____

Telephone: _____ Fax: _____

I wish to purchase vouchers as detailed overleaf for the month of (insert month and year):

Total Value of Vouchers		£
Administration Fee <i>(5% of value of vouchers if less than 25 employees in the Scheme, 4% if 25 or more)</i>	£	
VAT @ 17.5%	£	
Total Administration Fee	£	
TOTAL COST <i>(Total Value of Vouchers plus Total Administration Fee)</i>		£

Signed: Date:

Please return this form at least five working days prior to your payroll, together with your cheque made payable to *Barringtons Ltd*, to:

Mrs Sheila Wood
 Director of People Development
 Barringtons Ltd
 570-572 Etruria Road
 Newcastle
 Staffs ST5 0SU

Breakdown of Vouchers Required:

Employee Name	Name & Address of Child Care Provider	Voucher Value