

**This form will be used by the LA when auditing settings from September 2023:**

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| **Setting Name:** |  | **Date audited/checked by LA Officer (name):** |  |
| **Child/Children audited:** |  | **EYPP Payment:** |  |
| **Parental Consultation: (Has this taken place)** | **Y / N** | **Outcomes/Impact of EYPP:** |  |

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| --- | --- | --- | --- | --- |
| **Total EYPP payment and term awarded** | **Resources purchased** | **Evidence / Invoice Reference** | **Amount** | **Remaining Balance** |
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Additional Notes: