



## Governor Expenses Claim Form

Name

Name of School

Address

Post Code

Date

Claim Period

I claim the total sum of £..... for governor expenses as detailed below. I have attached relevant receipts to support my claim.

Signed .....

	£	p
Child care/Babysitting expenses		
Care arrangements for elderly/dependent relatives		
Support for governors with special needs		
Support for governors whose first language is not English		
Telephone charges		
Photocopying / Stationery		
Travel and subsistence		
Other (Please specify)		
<b>TOTAL EXPENSES CLAIMED</b>		

### THIS SECTION IS FOR SCHOOLS USE ONLY

Goods Received Meetings Attended	Prices & Arithmetic Checked
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CERTIFICATIONS SIGNATORY

CREDITOR NUMBER

| | | | | | |

DOCUMENT NO.

CREDITORS INVOICE REFERENCE

| | | | | | | | | | | | | | | | | |

YR MK	LEDGER CODE COST CENTRE / DETAIL CODE	AMOUNT £	P	GENERAL LEDGER ANALYSIS	VAT	CIS
	/					
	/					
	/					
VAT						
TOTAL £						