

Governors' Allowances Claim Form

This claim form consists of two sections. Section two must only be completed when payment has been made to another party, e.g. child carer.

Section One

Name of governor		Date
Date of expenditure	Details of expenditure	Claim
Total claim		£

[To be completed once authorisation of the claim has been approved.]

I certify that the above expenses are actual and necessary, and confirm that the payment has been received.

Signature of Governor		Date
Signature of Headteacher		Date
Reimbursed by (name)		Date

Section Two

Duty of service	
Name	
Amount received (£)	
Signature	
Date	