

GOVERNORS' EXPENSES CLAIM FORM

Name:

Date:

Claim period:

I claim governor expenses as detailed below. I have attached the relevant receipts to support my claim.

Signed:

		£	p
Child care/babysitting expenses			
Care arrangements for an elderly or dependent relative			
Telephone Charges			
Postage			
Photocopying			
Stationery			
Travel to meetings/training courses (please give details)			
Mileage	<input type="text"/>	Miles @	£0.45
Support for governors with special needs (please give details)			
Support for governors whose first language is not English (please give details)			
Other (please give details)			
TOTAL EXPENSES CLAIMED:			

Checked & authorised:

Trust Business Manager

Date:

LA Cheque no: