

## **Governor Expenses Claim Form**

Name:				Date:				
Claim period:	Spring	; / Summer / Autumn	term	Year:				
I claim governor expenses as detailed below. I have attached the relevant receipts to support my claim.								
Signed:						·		
					£	р		
Child care/babysitting expenses								
Care arrangements for an elderly or dependent relative								
Telephone Char	ges							
Postage								
Photocopying								
Stationery								
Travel to meetings/training courses (please give details)								
Mileage		Miles @						
Support for governors with special needs (please give details)								
Support for gove	ernors whose fi	irst language is not English (p	lease give o	letails)				
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Other (please give details)								

TOTAL EXPENSES CLAIMED:



Checked & Authorised by:	Business Manager	Date:
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