

Governors' Allowances Claim Form

Name:

Address:

Date:

Claim Period:

Type of Expense	Total amount claiming £
Childcare / Babysitting	
Care arrangements for an elderly or dependent relative	
Support for governors with special needs	
Support for governors whose first language is not English	
Travel to meetings / training courses	
Travel / subsistence to national meetings or training events	
Telephone charges	
Postage	
Photocopying	
Stationery	
Other (please specify below)*	
Total Expenses Claimed	

*Please specify other expense incurred here:

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

Signed: _____

Date: _____

Approval

This section is to be completed at the Resources Committee Meeting.

Payment approved: Yes ☐
No ☐

Name: _____

Signature: _____