

# *Weston Park Primary School*



## **Governor Allowances Policy**

Date of last review: February 2017

Date of next review: February 2018

## Governor Allowances Policy

### Principles

Governors may claim allowances in respect of actual expenditure incurred whilst attending meetings of the Governing Body and its committees, undertaking governor development and otherwise acting on behalf of the governing body.

Governors may not claim for actual or potential loss of earnings or income.

All governors and associate members are eligible to claim allowances in accordance with this policy.

### Eligible expenses

Categories of eligible expenditure are as follows:

Care arrangements:

- Child care expenses, where the childcare is provided by a registered childcare provider, not a relative or partner
- Care arrangements for an elderly or dependent relative, where these are not provided by a relative or partner

Telephone calls and postage

### Allowance Rates

Care arrangements:

- Actual costs incurred, normally up to a maximum of £10.00 per session. In exceptional circumstances - expenses beyond this amount may be agreed with the Head and Chair of Governors prior to the expense being incurred.

Telephone calls and postage:

- Actual costs incurred.

### Criteria for Claims

All claims must be submitted to the Chair of Governors on the attached form within one month of the expenditure being incurred (except for telephone calls).

Receipts must be supplied to support claims for reimbursement, e.g. phone bill, post office till receipt etc.

In the case of telephone calls, an itemised phone bill should be provided, identifying the relevant calls.

### Financial Systems

The school's normal systems for authorising and processing payments will apply to claims made under this policy.

Claim for refund of expenditure under the **Governor Allowances Policy**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of claim:** \_\_\_\_\_

**Full details of claim**

**Receipts or further supporting evidence attached:** YES / NO

**Signature of claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorisation by Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date payment made:** \_\_\_\_\_