Day Claims.

Claimant: _____ Date of Birth: _____

National Insurance Number: _____

Date Claimed: _____ School: _____

Northern House School

To remain confidential to the individual and the school.

All claims must be approved in advance in order to guarantee authorisation. No such approval may result in decline of authorisation. All claims must be made within three months otherwise may become ineligible.

Day	Date	Start Time	End Time	Total Hours	Agreed hourly/day rate	Detailed Reason/Work Undertaken

Full Address of individual _____

Bank Details of individual Bank Name and address _____

Cost Centre _____ Account Number _____

DBS Reference _____

The claims above were worked by me.

Signature of Claimant: _____

The claims specified above was authorised by me and was worked.

Authorising Signature: _____