# GOVERNORS' ALLOWANCES

## October 2021

Policy No. 79

DATE APPROVED BY GOVERNORS: 11.10.2021

DATE OF NEXT REVIEW: October 2022

LEAD: Deb Rattley

GOVERNOR RESPONSIBLE: Governing Body

# Governors' Allowances Policy

This policy statement has been written in accordance with the School Governance (Roles, Procedures and Allowances) (England) Regulations 2013. These regulations give Governing Bodies the discretion to pay allowances from the school's annual budget allocation to Governors for certain allowances which they incur in carrying out their duties. Chadsgrove School Governing Body believes that paying Governors' allowances, in specific categories as set out below, is important in ensuring equality of opportunity to serve as Governors for all members of the community and so is an appropriate use of school funds. The specific items allowable reflect this objective.

**From September 2010, all Governors of Chadsgrove School will be entitled to claim the actual costs which they incur as follows:**

1. Governors will be able to claim allowances providing the allowances are incurred in carrying out their duties, as a Governor or representative of Chadsgrove School, and are agreed by the Finance Committee that they are justified before any reimbursable costs are incurred.

2. Governors will be able to claim for the following, on a case-by-case basis and with the prior approval of the Governing Body:

    - Payments for travel expenses incurred will be reimbursed at a rate not exceeding the approved mileage rate published by Her Majesty's Revenue and Customs.

**The Governing Body at Chadsgrove acknowledges that:**

- Governors may not be paid attendance allowance;
- Governors may not be reimbursed for loss of earnings.

Governors wishing to make claims under these arrangements, once prior approval has been sought, should complete a claims form (obtainable from the School Office), attaching receipts where possible, and return it to the School within two weeks of the date when the allowances were incurred, when they will be submitted for approval by the Chair of Governors or Chair of Finance to be presented to the Finance Committee for final approval.

Claims will be subject to independent audit and may be investigated by the Chair of Governors (or Chair of Finance in respect of the Chair of Governors) if they appear excessive or inconsistent.

This policy will be reviewed annually.

Evaluation

The context within which the above policy operates and/or the areas of the curriculum within which it applies demand that the policy is reviewed at suitable intervals.

worcestershire countycouncil

**Form GE1**

**CHILDREN'S SERVICES DIRECTORATE**
**RAISING ACHIEVEMENT & ACCESS TO LEARNING**

# *CLAIM FOR GOVERNORS' ALLOWANCES*

I wish to make the following claim for expenditure incurred by me, against the budget of

_____ School

| | | |
|---|---|---|
| **Name** | | **Pay Reference Number (if issued)** |
| **Address** | **Postcode** | **National Insurance Number** |

| **Date** | **Details of Claim** (eg childcare, telephone, photocopying, travel, etc) (please enter travel & telephone details overleaf) | **Cost Incurred** £ | **p** |
|---|---|---|---|
| | | | |
| | **TOTAL** | | |

1. A claim may be made only if it is in accordance with a policy for the payment of governor expenses approved and minuted by the Governing Body.
2. No additional funds are provided to the school to cover governor expenses. Claims are therefore a direct cost against the school budget.

I certify that the foregoing is a correct record of costs incurred, and that expenditure has been incurred on the items for which subsistence allowances are claimed.

**Signed (Governor)** _____ **Date** _____

***PLEASE RETURN THIS FORM TO THE HEADTEACHER OF THE ABOVE NAMED SCHOOL***

**For School Office Use Only**

**Certified by Headteacher** _____ **Date** _____

| | |
|---|---|
| COMMITTEE MINUTE | |
| GOODS REC'D OR WORK DONE | |
| PRICES AND CALCULATIONS CHECKED | |
| ENTERED ON COPY ORDER OR P.P.R. | |
| ENTERED IN INVENTORY OR STOCK BOOK | |
| CERTIFIED CORRECT | |

CHEQUE No. | CONST. | DOCUMENT No. | ORDER NUMBER

INVOICE REFERENCE

| Yr | CODE: COST CENTRE | CODE: G/L ACCOUNT | CODE: INTERNAL ORDER | AMOUNT | VAT. IND. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Finance Dept. Ex'd

VAT.

TOTAL

CR1855

**ON COMPLETION PLEASE FORWARD TO REVENUE SECTION, FINANCIAL SERVICES, FOR PAYMENT**

**PLEASE ENTER DETAILS OF TRAVELLING EXPENSES AND TELEPHONE CALLS BELOW**

## *TRAVELLING EXPENSES*

**PLEASE NOTE – TOTALS MUST BE CARRIED OVERLEAF**

| DATE | JOURNEY | MILES | SUBSISTENCE | | | | RAIL OR OTHER FARES | | CAR PARKING (RECEIPTS ATTACHED) | | PURPOSE OF VISIT & PASSENGERS NAMES (IF ANY) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | AMOUNT | | TIME ABSENT | | | | | | |
| | | | | | FROM | TO | | | | | |
| | | | £ | p | | | £ | p | £ | p | |
| | **Unless otherwise indicated all journeys were made from and to base** | | | | | | | | | | |
| | ***Carried Forward*** | | | | | | | | | | |

## *TELEPHONE CALLS*

(Alternatively you may attach a copy of your bill with the calls highlighted)

**PLEASE NOTE – TOTALS MUST BE CARRIED OVERLEAF**

| Date | Person Called | Reason for Call | Amount | |
|---|---|---|---|---|
| | | | £ | p |
| | | | | |
| | | ***Carried Forward*** | | |