



Governor/Director Expenses Pro-forma Invoice

Academy Name		DFE	
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Name	
Address (incl Postcode)	

Date	Payment Details	Cost Centre	Ledger code	Net Amount	VAT	Total paid
Total						

Governor/Director Signature	
Date Signed	
Goods Received	
Arithmetic Checked	
Certified for Payment	
Input to PSF by & Date	
Bacs Run/Faster payment	
Bank Details Name/Address of Bank	
Name on Account	
Sort Code	
Account Number	
<ul style="list-style-type: none"> Please fill in the above form in full in order for a reimbursement to be made. Receipts must be attached. Membership/Clubcard or other reward cards are not to be used when purchasing items for schools Receipts must be separate from personal shopping. The form must be signed in accordance with the Scheme of Delegation. Governors/Directors are not able to certify their own claim. Goods must not be delivered to home addresses and not purchased by family members 	