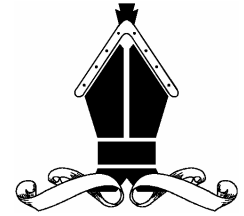


# THE ARCHBISHOP LANFRANC SCHOOL



## STAFF CLAIM FORM

Name

Reason for claim

TRAVEL ONLY	
Destination	<input type="text"/>
Mode of transport Please attach receipts where appropriate	<input type="text"/>

Amount  £

Date

Signature

Authorised (Budget Holder)  Signature

Dept

Cost Centre

Authorised (Bursar)  Signature

Payment Cash/Cheque  Paid (Date)  
Under £10

RETURN TO FINANCE OFFICER – Jean Williams