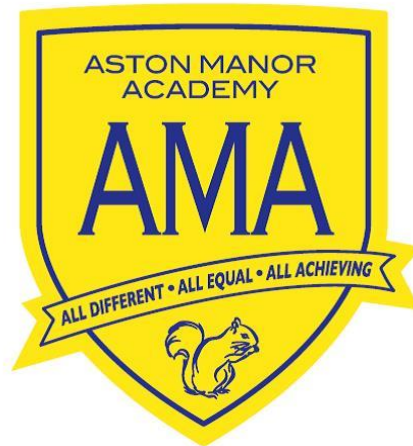


EQUITAS ACADEMIES TRUST



Chilwell Croft
Academy

TRUST BOARD EXPENSES POLICY

Review Date: July 2019
To be Reviewed: July 2020
Agreed: F&GP Board
Policy Lead: Marion Lower & Pravina Patel

TRUST BOARD EXPENSES POLICY

1. INTRODUCTION

Trust board members will be reimbursed for reasonable out of pocket expenses incurred whilst on the Trust business.

2. DEFINITION

Reasonable out-of-pocket expenses include:

Incidental expenses such as refreshments which are incurred by the individual whilst they are attending training seminars, meetings or any appointment on behalf of the Trust.

Any hotel expenses deemed as reasonable including room, lunch, evening meal and breakfast when attending events on the Trust's behalf. Such expenditure should be approved by the Executive Headteacher prior to attending the event.

Any travel expenses incurred to and from events that the individual is attending on the Trust's behalf, including public transport, taxi (if appropriate) and use of own vehicle. Travel expenses are reimbursed at the car user allowance rate or the cost of a second class rail ticket whichever is least.

3. REIMBURSEMENT OF EXPENSES

Expenses should be claimed on a monthly basis using the attached Expenses Claim Form or where applicable Mileage Form. Claim forms should be authorised by the Trust Business Manager and should be accompanied by all receipts relating to that period.

Payment will be made by cheque.

Purchases of train and flight tickets, hotels, etc. should be made directly by the Finance Team.

Date of next review: July 2020

Signed by Vice Chair of the Trust Board: _____

Date: _____

EXPENSES CLAIM FORM

EQUITAS ACADEMIES TRUST

Name: _____

Month: _____

Role: _____

Code: Travel (T) Parking (P) Meals (M)

Contact No.: _____

Hotel (H) Entertainment (E) Other (O)

Date	Details	Expense Code	Amount (£)
Total Amount (£):			

Equitas Academies Trust

MILEAGE FORM

Name: _____

Role: _____

Contact No.: _____

EQUITAS ACADEMIES TRUST

Month: _____

Make/Model (Car): _____

Engine Size (Car): _____

Date	Details of Journey	Reason for Journey	Actual Mileage	Claimable Mileage
Total Mileage:				