



Policy: Anti-Bribery Policy (Gifts and Hospitality)

Date of review: September 2021

Date of next review: September 2024

Lead professional: Chief Financial Officer

Status: Statutory

Trinity MAT Governance Expenses Claim Form (for course expenses, travel/mileage claims to and from meetings, subsistence)

Name:	Name of which Governing Body group:	Academy/Institution Name:
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Claim Details

Date	Description of Journey / Expenses Spent (e.g. travel, food, taxi, bus, mileage)	From (e.g. Academy or Home)	To	Total Miles	Number of miles Claimed @ £0.45	Claim Amount (£)
Total Costs Claimed						

I certify that I have actually incurred expenses of £..... Supporting receipts attached. I hereby apply for a refund of £.....		
Signature of Claimant:	Date:	
Academy Cost:	Amount:	
Authorisation:	Name:	Date:

Bank Details:

Account Name:	
Sort Code:	
Account Number:	