



PLEASE NOTE – ALL PLANNED PURCHASES ABOVE £50 SHOULD BE CHECKED WITH MR DELF BEFORE PURCHASE

STUDENT NAME:..... FORM:

SIGNATURE (Student):.....

PARENTAL SIGNATURE:

- I certify that this claim has not been submitted previously
- I am aware that if this claim is successful then BACS payment will be made into the account provided on the bursary application form
- I am aware that any claims for items that do not meet the guidance in the 16-19 Bursary Policy may be rejected
- Please note: all claims must be supported by relevant receipts attached, or the claim cannot be processed.

DATE OF CLAIM:/...../.....

DATE OF PURCHASE	FULL DETAILS OF PURCHASE (PLEASE <u>ITEMISE MULTIPLE INDIVIDUAL PURCHASES</u>)	AMOUNT CLAIMED
		£ _____ p _____

Below to be completed by the Sixth Form Team and sent to the Finance Office

The above claim is approved (circle): Yes / No If not approved, please state reason.....

DIRECTOR OF SIXTH FORM (APPROVAL 1) DATE.....

HEAD TEACHER (APPROVAL 2) DATE.....

BUSINESS DIRECTOR (APPROVAL 3)..... DATE.....

Cost Code	E19 / 0426
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