


Barncroft Primary School



Governors Expenses Policy

| Document Information | | | |
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| Signature (Chair of Resources Committee): |  | | |

This policy statement has been developed in accordance with the Education (Governor's Allowances) (England) Regulations 2003. These regulations give Governing Bodies the discretion to pay allowances from the school budget to governors for certain expenses which they incur in carrying out their duties.

Barncroft Primary School Governing Body believes that paying governor's expenses, in specific categories as set out below, is important in ensuring equality of opportunity to serve as governors for all members of the community and so is an appropriate use of the delegated budget. The specific items allowable reflect this objective.

All Governors of Barncroft Primary school will be entitled to claim the actual costs which they incur in attending meetings of the Governing Body, its committees or Hampshire Governor Services governor training sessions as follows:-

Care arrangements:-

1. Childcare or babysitting expenses, where these are not provided by a relative or partner.
2. Cost of care arrangements for an elderly or dependent relative, where these are not provided by a relative or partner.
3. Travel:-
 - i. The cost of travel from their home or place of work (as appropriate) by the least expensive means possible. For this purpose, travel in a private car will be allowable at the current Inland Revenue Authorised Mileage Rate (maximum of 10 miles in connections with any one meeting, except training sessions where the limit will be 20 miles) to cover petrol costs only.
 - ii. Taxi costs will also be met.

Governors may also claim the following, on case-by-case basis and with the prior approval of the Governing Body:-

1. The extra cost they incur in performing their duties either because they have special needs or because English is not their first language;
2. Travel and subsistence costs, payable at the current rates specified by the Secretary of State for the Environment, Transport and the Regions, associated with attending national meetings or training events, unless these costs can be claimed from Hampshire County Council or any other source.

Allowance Rates

Rates at which allowances are paid are as follows:-

1. Care Arrangement: Actual cost incurred, up to a maximum of £8.00 per hour.
2. Travel: For public transport, actual cost incurred at standard class fares.
3. For vehicle use, if public transport is not reasonable, in accordance with the Inland Revenue Authorised Mileage Rate, which is currently 45p per mile for car and 24p per mile for motorcycles. See <http://www.hmrc.gov.uk/rates/travel.htm> for up to date rates,
4. The use of taxis is discouraged, but if necessary, reimbursement will be for the actual cost incurred.

Governors wishing to make claims under these arrangements should complete a claims form (see Annex A).

Receipts must be supplied to support claims for reimbursement.

All claims must be submitted by the end of the term in which they were incurred.

Approval of Payment

Claims will be submitted for approval to the Chair of Governors and payment arranged. Claims will be subject to independent audit and may be investigated by the Chair of Governors if they appear excessive or inconsistent. The expense of the Chair of Governors will be submitted for approval to the Chair of the Resources Committee.

Accountability

The total amount of governors' expenses paid during each financial year will be disclosed in the minutes of the final FGB meeting of each academic year.



Barncroft Primary School

Governors' Expense Claim Form

Name of Governor: _____

Term for which claim submitted (i.e. Summer 2012) _____

Care Arrangement

| Date | Meeting / Course | Name of Carer | Hours | Total Claim (£) |
|------|------------------|---------------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Travel

| Date | Meeting / Course | Method of Travel | Miles | Total Claim (£) |
|------|------------------|------------------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |

I would like to claim reimbursement for the above amounts. I have attached supporting receipts for all expenses claimed.

Signed: _____

Date: _____

Approved (Chair of Governors): _____

Office use:

Date paid

Amount paid

Cheque number