16 -19 BURSARY CLAIM FORM

STUDENT NAME:……………………………………………………………………… FORM: …………………...

SIGNATURE (Student) :……………………………………………………………………………………………….

PARENTAL SIGNATURE: …………………………………………………………………………………………….

**I CERTIFY THAT THIS CLAIM HAS NOT BEEN SUBMITTED PREVIOUSLY**

DATE: ………………………

|  |  |  |
| --- | --- | --- |
| **DATE** | **DETAILS** | **AMOUNT CLAIMED** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total** | **£** |

**PAYMENT TO BE MADE BY BACS ON THE 25TH OF THE MONTH INTO THE ACCOUNT PROVIDED ON BURSARY APPLICATION FORM**

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**N.B ALL CLAIMS MUST BE SUPPORTED BY RECEIPTS**

**Office Use Only PUPIL ATTENDANCE …………………………………………**

**UPTON HALL SCHOOL ATTENDANCE PERIOD ………………………………………**

**VALUE DATE ………………………………………………………… BANK A/C ………………………………………………………..**

**SUBMIT DATE………………………………………………………. BATCH NO ……………………………………………………….**

**SIGNATURE …………………………………………………………. CODE ………**880150 ND GAG**……………………….…**

**I confirm that all deadlines have been met and work is up to date.**

**DIRECTOR OF SIXTH FORM (APPROVAL 1) ……………………………………………………………………………………..**

**DIRECTOR OF BUSINESS & FINANCE (APPROVAL 2) ……………………………………………………………………….**

**UPTON HALL SCHOOL**

REF NO ……………………... CODE ……………………..

SYSTEM ENTRY AUTHORISED BY……….

GOODS REC’D …………….. CHQ DATE ……………….

INVOICED …………………. CHQ NO …………………..

PAYMENT …………………. CHQ SIGNED ……………..

**PLEASE NOTE:**

PLEASE **ALLOW 7 WORKING DAYS** FOR THE PROCESSING/TURNAROUND

OF ANY CHEQUE REQUESTS PRESENTED TO THE FINANCE OFFICE.

**CHQ PAYABLE TO:**

 **(PLEASE PRINT)**

 **CHEQUE AMOUNT:**

**ADDRESS:**

 **£**

## Office Use Only