

Name

Tutor Group

Reimburse

Signed (AHT)

Amount Agreed to

Receipts Received

Contribute/ Reimburse

Name of Person to

Pupil Premium Financial Support Reimbursement Request Form

If your child qualifies for the Pupil Premium grant and there is something that you would like provided for them, we may be able to process a purchase on your behalf. Please contact his/her **Assistant Head of Year** in the first instance to discuss this.

You may, of course, choose to make a purchase and then submit this reimbursement request form without discussing this with us in advance. However, please note that full reimbursement is not automatically guaranteed. Your completed form will be reviewed and a full or partial contribution may be offered. In some cases, reimbursement may be declined. You will, of course, be notified of the decision.

Please attach **proof of purchase** with your claim form and return this for the attention of **Ms B Spence** in the school office. Reimbursement payments can only be made by bank transfer.

School

Date

Maiden Erlegh School

For further information on Pupil Premium Funding please see GOV.UK Pupil Premium Funding

Bank Account Number		Sort code
Details of items to reimburse		
Supplier/ Shop Name/ Website	Details of Item (i.e. School Jumper)	Amount
TOTAL		
·		

OFFICE USE ONLY

Date:

Signed:

Signed:

The above expenses and contribution have been approved by: