



# The Athelstan Trust

## Allowances Policy for Members, Trustees and Governors

| Date of Review                 | Approved by | Date of Approval | Next Review | Website |
|--------------------------------|-------------|------------------|-------------|---------|
| May 2018<br>May 2021<br>May 24 | Board       | 23/5/24          | May 2027    | Yes     |

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### 1. Aims

The Board of Trustees has decided to pay reasonable allowances from the central or schools' delegated budgets to cover any costs that Members, Trustees or Local Governors incur through carrying out their duties.

This policy sets out the terms on which such allowances will be paid.

By adopting this policy, we will ensure that no member of the community is prevented from becoming a governor on the grounds of cost.

### 2. Legislation and guidance

The Academy Trust Handbook and Academy Trust Governance guide make reference to the Guidance on Trustee expenses and payments (CC11) issued by the Charity Commission. This policy complies with our funding agreement and articles of association.

### 3. Overview

Members, Trustees and Local Governors may claim allowances to cover expenditure necessary to enable them to perform their duties.

This does **not** include an attendance allowance, or payment to cover loss of earnings.

Members, Trustees and Local Governors may claim allowances by completing a claim form (see appendix 1) and submitting it to Trust Finance Team via [centralfinance@theathelstantrust.org](mailto:centralfinance@theathelstantrust.org)

Allowances will only be paid on the provision of a receipt (with the exception of mileage travel claims), and will be limited to the amount shown on the receipt.

Members, Trustees and Local Governors may claim for:

- Childcare
- Care for elderly or dependent relatives
- Extra costs incurred because they have a special need or English as a second language
- Travel and subsistence costs
- Telephone charges, photocopying, postage, stationery, etc.



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### ➤ Other justifiable allowances

Claims will be paid in arrears on a case-by-case basis. Reimbursable costs should be agreed in principle by CFO **before** they are incurred.

The chair of Trustees/Governors (or the vice-chair, where appropriate) may investigate claims that appear excessive or inconsistent. All claims will be subject to an independent audit.

Travel expenses where a Member/Trustee/Local Governor uses their own vehicle must not exceed the HM Revenue and Customs (HMRC) approved mileage rates (see appendix 2 for claim form).

### 4. Monitoring arrangements

This policy will be reviewed every 3 years by Board of Trustees. Any amendments will be presented at a meeting of the full Board of Trustees.



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### Appendix 1

#### Staff Expense Claim

Name .....

#### Bank details for BACS payments

Bank Name .....

Pay roll no. ....

Account holders name.....

**Please ensure all claims are accompanied with a receipt.**

Sort code.....

Bank account number.....

| Date         | Journey details | Travel fares | Accommodation | Car parking | Departmental items books etc | Misc items | Total |
|--------------|-----------------|--------------|---------------|-------------|------------------------------|------------|-------|
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
|              |                 |              |               |             |                              |            |       |
| <b>TOTAL</b> |                 |              |               |             |                              |            |       |

I certify that the journeys/purchases on this claim were necessarily made by me in the performance of official duties.

Signed: .....

Date .....

Authorised: .....

Date: .....



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## Appendix 2: Mileage Travel Claim

**Month Ended .....**

Name .....

Vehicle Registration .....

Pay roll no. ....

CC .....

| Date | Route Taken (If your journey started/ended at home please show this e.g. Melksham (home) to Trowbridge or Trowbridge to Melksham (home)) | Purpose of Journey | Actual mileage | Miles claimed – see note (i) |
|------|--|--------------------|----------------|------------------------------|
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                |                              |
|      |  |                    |                | <b>TOTAL</b>                 |

I certify that the journeys on this claim were necessarily made by me in the performance of official duties and that:

- i) where a duty started or finished at home I have only claimed the lesser of the distance actually travelled or the distance I would have travelled if my journey had started or finished at my normal place of work.
- ii) my policy of insurance covers business journeys
- iii) the vehicle is in a road worthy condition

**Signed:** .....

**Approved by Authorised signatory:** .....

**Date:** .....  
.....