Member, Trustee and Governor Allowance Policy

This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty

Committee:	Resources
Policy Ratified:	January 2023
Review Date:	January 2026

Additional school Procedure – N/A	
Committee:	
Procedure Adopted:	
Review Date:	

1. Introduction

This policy applies to the Members, Trustees and Governors of the Local Governing Bodies of the schools within Coastal Learning Partnership and provides a framework for appropriate reimbursement guidelines.

This policy statement has been developed in accordance with the DfE document "The School Governance (Roles, Procedures and Allowances) (England) Regulations 2013". These regulations give Academy Trusts the discretion to pay allowances from a trust's/school's annual budget allocation to Trustees/ Governors for certain allowances which they incur in carrying out their duties. This policy has been written and approved in line with the Trust's Articles of Association

2. Purpose

The purpose of this policy and procedures within is to:

2.1 ensure good practice in the management of Member/Trustee/Governor expenses with the aim to encourage a wide range of trustee/governor interest;

2.2 promote high quality governance within its schools and communities;

2.3 help to overcome a potential barrier in encouraging parents and others putting themselves forward for the role;

2.4 ensuring equality of opportunity to serve as governors for all members of the community and so is an appropriate use of school funds.

3. Guidelines

3.1 Members/Trustees/Governors may claim allowances in respect of actual expenditure incurred whilst attending meetings of the CLP Board and its committees and the Local Governing Bodies and their committees, undertaking trustee/governor development and otherwise acting on behalf of the Trust.

3.2 Members/Trustees/Governors may not claim for:

- Actual or potential of loss of earnings
- Attendance allowance
- Mileage to/from routine planned Committee/Board meetings (exceptional circumstances can be considered, at the Chair's discretion)

3.3 All Members, Trustees and Governors are eligible to claim allowances in accordance with this scheme.

4. Eligible Expenses

Categories of eligible expenditure are as follows:

4.1 Care arrangements, where these are not provided by a relative or current/former partner, for:

- Child care or babysitting expenses
- An elderly or dependent relative

4.2 Extra costs incurred in performing their duties either because a trustee/governor has special needs or because English is not their first language;

4.3 Telephone calls, photocopying and postage

4.4 Travel

4.5 Subsistence (excluding alcohol)

5. Allowance Rates

Rates at which allowances are payable as follows:

5.1 Care arrangements – actual costs incurred, up to £11 per hour

5.2 Telephone calls and postage – actual costs incurred

5.3 Travel rates in accordance with the HM Custom and Revenue Authorised Mileage Rate: [Travel — mileage and fuel rates and allowances - GOV.UK (www.gov.uk)]

5.4 For public transport, actual costs incurred for economy / second-class fares

5.5 Subsistence – if additional expenses are incurred because work as a Trustee or Governor requires taking meals (i.e. breakfast, lunch or dinner) away from your local area, reimbursement will be made for the food/non-alcoholic drink items bought on the day claimed

5.6 Photocopying/printing and postage should wherever possible be completed via the Trust/school, only in exceptional circumstances will expenditure be reimbursed where these functions have been paid for independently

6. Criteria for Claims

6.1 Trustees/Governors should confirm that claims for reimbursement are agreed as justifiable with the Chair of Trustees/Governors (or in the case of the Chair, the Vice Chair must agree) before any reimbursable costs are incurred. However, Trustees/Governors will be able to claim for expenses incurred as a response to an emergency situation even if not agreed in advance; in this case the Chair (or in the case of the Chair, the Vice Chair) will approve reasonable expenditure retrospectively.

6.2 The expense form in Appendix A must be used in all cases. All Member/Trustee claims must be approved by either the Committee Chair or the CEO and Governor claims must be approved by either the Committee Chair or the Headteacher. Member/Trustee claims should be submitted to the Head of Finance and Operations and Governors' claims submitted to the relevant School Finance Officer on the appropriate form. Claims should be submitted monthly. Claims submitted over 6 months after the expense was incurred will not be paid.

6.3 Members/Trustees/Governors claims will not be reimbursed unless authorised by the Chair (or in the case of the Chair, the Vice Chair).

6.4 Receipts must be supplied to support claims for reimbursement (e.g. bus ticket, phone bill, taxi receipt, till receipt. Fuel receipts are not required although a record must be kept of the miles travelled and the locations visited).

6.5 In the case of telephone calls, an itemised phone bill should be provided, identifying the relevant calls.

6.6 Claims will be subject to independent audit and Member/Trustee claims may be investigated by the Chair of the Board (or Resources Committee in respect of the Chair of the Board) and Governor claims may be investigated by Chair of Governors (or Chair of Resources Committee in respect of the Chair of Governors) if they appear excessive or inconsistent.

Coastal Learning
PARTNERSHIP

For Office Use	
Access Doc Ref:	
Payment Method:	Payment Date:

EXPENSES CLAIM FORM

Name:	Date of Claim:

				For Office Use		
Date of Expenditure:	**Description** (for mileage claims state the start point, destination & total miles)	**Supplier**	**Total**	**Vat**	**Net**	**Nominal /Account**
		Totals:				

I certify that the expenses claimed were necessarily carried out on Partnership business. I confirm that I attach original copies of receipts.
Signed:

Bank Details for BACS:

Account Number: Sort code:

Account name: Bank:

Authorisation: Date:

Print Name:

Signature: