

Stroud High School
16-19 Bursary
Reimbursement Form

2018-2019

STUDENT NAME:	DATE:	BURSARY AWARD:				
TUTOR GROUP:		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
GIVE FULL DETAILS OF ITEMS PURCHASED AND ATTACH RECEIPTS						ITEM PRICE
RECEIPTS FOR ITEMS UNDER £20 MAY BE BROUGHT TO FINANCE AND CLAIMED AS PETTY CASH						TOTAL
RECEIPT ATTACHED	YES/NO	AUTHORISED:				
BANK DETAILS						
NAME OF ACCOUNT HOLDER:						
NAME OF BANK:						
BRANCH:						
SORT CODE:						
ACCOUNT NUMBER:						

PLEASE RETURN THIS FORM TO SHS FINANCE