

TEACHING CERTIFICATE PART 1 (UNIT 2 and/or UNIT 3)
Examiner's Expense Claim Form

PLEASE COMPLETE IN BLOCK CAPITALS

Examination Centre: Date of Examination:

Please note that receipts are required.

Travelling Expenses:

Train fare:	£
Air fare:	£
By car (.....miles @ 25 pence per mile):	£
Parking:	£
Accommodation	£.....
Meals	£.....

Costs of postage: £

Other reasonable expenses, please detail below:

..... £

TOTAL: £.....

Name of examiner:

Address:

Tel: Email:

Date of claim:

N.B. IF YOU WISH TO OPT OUT OF PAYMENT, PLEASE 'TICK' HERE

(For office use only)		
Expenses:		
Travel and accommodation		£.....
Postage		£.....
Examiner's Fees		
Unit 2 @ £10.00	£.....
Unit 3 @ £10.00	£.....
	Total payable	£.....