

Garstang Community Academy



Midday Supervision Payment Claim for Month _____

Name _____

Date	Day	3 Free Meals Taken	Payment & 1 Free Meal	Absent	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of Duties Payable for Month					

I certify that I have worked the hours above.

Signed: _____ Date: _____

Authorised by: _____ Date: _____