Garstang Community Academy

Midday Supervision Payment Claim for Month _____



Date Day Taken Free Meal Absent Comments 1 2 3 4 4 4 5 6 7 8 8 9 <td< th=""><th></th><th></th><th>3 Free Meals</th><th>Payment & 1</th><th></th><th></th></td<>			3 Free Meals	Payment & 1		
2 3 3 4 5 6 7 7 8 9 10 11 12 13 13 14 15 16 17 17	Date	Day	Taken	Free Meal	Absent	Comments
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17						
4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 17	2					
5 6 7 8 9 10 11 12 13 14 15 16 17	3					
6 7 8 9 10 11 12 13 14 15 16 17	4					
7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5					
8 9 10 11 12 13 14 15 16 17	6					
9 10 11 11 12 12 13 14 15 16 16 17	7					
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30	30					
31	31					
Total Number of Duties Payable	Total Number of Duties Payable					
for Month						

I certify that I have worked the hours above.	
Signed:	Date:
Authorised by:	Date: