

CAMBRIDGESHIRE SAFER CYCLING SCHEME

INSTRUCTOR CLAIM FORM (ONE FORM PER INSTRUCTOR)

NAME.....

ADDRESS.....

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DATE 20.....

DETAILS OF WORK COMPLETED

DATES		SCHOOL	No of Courses	No of Students
Start	End			
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PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR ATTENDANCE REGISTER FORM(S). CLAIMS CANNOT BE PAID WITHOUT THIS FORM.

I CERTIFY THAT THIS CLAIM IS CORRECT

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INSTRUCTOR'S SIGNATURE

I CERTIFY THAT THIS CLAIM AGREES WITH COURSES TRAINED AND THAT PAYMENT IS NOW DUE

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ROAD SAFETY OFFICER
(EDUCATION)

Fax No: 01480 376702

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AUTHORISED OFFICER