**AUTHORISATION OF PAYMENT OTHER THAN SALARY: HONORARIA**

**SECTION A – Teacher and school DETAILS (to be completed by school)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Teacher** |  | |
|  | **TR Number** | |  |
|  | **School Name** |  | |
|  | **School Reference No.** | |  |

**SECTION B - REASON FOR PAYMENT, AMOUNT AND PERIOD (if applicable)**

|  |  |  |
| --- | --- | --- |
|  | Amount  £ | Period |
| Honoraria |  |  |

**SECTION C - To be completed by School Principal and chair of the Board of governors:**

**I certify that the above information is correct and that a formal business case has been submitted to and approved by DE and DFP for the payment of the above honorarium.**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Principal

**Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chair Board of Governors

**SECTION E - To be completed by employing/FUNDING authority**

**I certify that a formal business case was approved for the payment of the above honorarium.**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION D – To be completed by Teachers Branch**

|  |  |  |
| --- | --- | --- |
| **Authorised by: (EO1)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Input by: (AO)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Checked by: (EO11)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |