

**SOUTHEND HIGH SCHOOL FOR BOYS  
PAYMENT REQUEST SLIP BY BACS**

Please issue payment in favour of

For the sum of £

In respect of

For Mileage Claims-Total Miles and the destination to and from

Please attach a google print proving total journey miles

Bank Account Name

Bank Account Number

Sort Code

Bank Account Holder Signature

Department/Budget

Signed ..... (Budget Holder) Date .....

BACS Approver No1

BACS Approver No2

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For Office Use:

Payment Date

Journal No:

Cost Center

Nominal Code