

 ‘Pay-as-you-go’ Order Form

|  |  |
| --- | --- |
| Service required |  |
| Total cost |  |
|  |
| School Name |  |
| School Type | □ LA Maintained School □ Academy |
| Headteacher |  |
| Multi-Academy Trust*(if applicable)* |  |
| Lead contact: Name |  |
| email |  |
| Telephone  |  |
| Address for correspondence |  |
| Invoicing Address(*if different to correspondence address*) |  |
| Cost Centre for Internal Transfer for **Worcestershire Schools** please complete **both** sections belowProject Code: Cost Centre:  |
| Authorised Signature (Headteacher): | Name in Capitals: |
| Date: | *We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.* |
| **Please return completed order form to:**schoolsupportservices@chadsgrove.worcs.sch.uk |