

‘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 below  Project 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](mailto:schoolsupportservices@chadsgrove.worcs.sch.uk) | | | |