

**INTERNAL CHARGE REQUEST
CLUSTER PAYMENTS TO AND FROM OTHER SCHOOLS**

To: **Children's Services Finance & ICT**

Please action the following charges:

DEBIT

SCHOOL NAME	LOCATION CODE	SUB CODE	DESCRIPTION	£
		98890		
		98890		
		98890		
		98890		
		98890		

Authorised by: _____ Position: _____ Date: _____

CREDIT

SCHOOL NAME	LOCATION CODE	SUB CODE	DESCRIPTION	£
		98890		
		98890		
		98890		
		98890		
		98890		

Authorised by: _____ Position: _____ Date: _____

Children's Finance & ICT use only:

Journal Ref: _____ Signed: _____ Date: _____