Volunteer expenses claim form

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Project/Area** |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of business**  | **Date** | **Miles @ 45p** | **Additional passengers @ 5p** | **Other expenses (£) (attach receipts)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total miles |  |  | **£** |
|  | Total  | **£** | **£** |  |  |
|  |  |  |
| Only complete this section if this is your first claim or you have change details. |  | MILES @ 45p: | £ |
| Bank: |  |  |  | MILES @ additional 5p: | £ |
| Sort Code: |  |  |  | OTHER EXPENSES | £ |
| Account no: |  |  |  | **TOTAL CLAIM** | **£.** |

|  |  |  |  |
| --- | --- | --- | --- |
| I CERTIFY that this claim is a correct record of official journeys in the vehicle stated, which was licensed and insured during the relevant period. I attach all relevant receipts relating to this expenditure. |  | **VEHICLE REG NO:** |  |
| **Engine capacity/Fuel Type** | **Petrol** | **Diesel** | **LPG** |
| 1400cc or less |  |  |  |
| 1401cc to 2000cc |  |  |  |
| Over 2000cc |  |  |  |
| **Signed** |  |  |  |
| **Date** |  | Office Use Only: Stamp and Codes |
| Authorised by |  | *Code Summary Gross VAT Net* |
| It is the responsibility of the volunteer to check with their insurer that they are insured to use their vehicle for voluntary work and to make changes to their insurance policy if necessary.  |  |
|  |

**Please fill in this form after each activity and return on monthly basis to your local co-ordinator**