VOLUNTEER EXPENSE CLAIM FORM

Year _____

Model Documents – Appendix 8

Name: _____ Authorised by: _____ Date: _____

Date	Hours (office/vol.)	Description/Purpose	Receipt	No Miles	Mileage Claim	Rail Fares	Bus/ Cab	Accom.	Subsist.	Meetings	Other (Budget Cat)	Gross Total
		Total for Expense type										**Total Claim**:

Please ensure all receipts/tickets are attached ☐ Cheque No.: Date:

Volunteer Lunch Expenses (eligible for if asked to provide office cover over the lunch period and more than _____ hours) will only be reimbursed up to a maximum of £_____. Volunteers are reimbursed for actual expenses (approved in advance by a relevant staff), including the use of public transport to and from the site.

If claiming for mileage:
I have provided the Manager with a copy of a valid licence and vehicle registration (new copies provided yearly on _____).
If using a vehicle while at work I verify that I have checked with my relevant vehicle insurer and my insurance covers me for driving for work.

_____ _____ _____

(name) (signature) (date)