

VOLUNTEER
Expenses and Mileage - Claim Form



Name _____

Address _____

Mileage

Date	Journey Details	Type	Mileage	Rate	Total Cost £'s	Accounts Codes (Authoriser to Complete)
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
Mileage rates:					Amount Claimed	£ -

Vehicles (V1) @ £ 0.25
 Motorcycles (M) @ £ 0.22
 Bicycles (B) @ £ 0.20

Expenses

Date	Details (please attach receipts)	Net £'s	Vat £'s	Total Cost £'s	Accounts Codes (Authoriser to Complete)
				-	
				-	
				-	
				-	
				-	
Amount Claimed				£	-

Total Amount of Claim	£	-
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Signature of Claimant: _____ Date: _____

I authorise the above mileage claim and I confirm that the claimant's vehicle has a valid MOT if required and their insurance covers them for business use if applicable.

Authorised by: _____ Date: _____