

VOLUNTEER
Expenses and Mileage - Claim Form



Name _____
 Address _____

Site, Supervisor or Role _____

We would like to pay your expenses by BACS direct into your Bank or Building Society, if you are happy for us to do this please provide your bank details below otherwise payment will be by cheque.

Bank / Building Society: _____
 Account Name: _____
 Account No.: _____
 Sort Code: _____

We would like to confirm payment by email if this is possible please provide your email address.
 Email: _____

Mileage

| Date | Journey Details | Mileage Details | | | Total Cost £'s | Accounts Codes <i>(Authoriser to Complete)</i> |
|----------------------|-----------------|-----------------|----------|------|----------------|---|
| | | Code | Distance | Rate | | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| | | | | | - | |
| Mileage Total | | | | | £ | - |

Mileage rates:

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

Expenses

| Date | Details (please attach receipts) | *Net £'s | *Vat £'s | Total Cost £'s | Accounts Codes <i>(Authoriser to Complete)</i> |
|-----------------------|----------------------------------|----------|----------|----------------|---|
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| Expenses Total | | | | £ | - |

* If unsure of Net/VAT breakdown, complete Total Cost only - HO will calculate.

| | | |
|------------------------------|---|---|
| Total Amount of Claim | £ | - |
|------------------------------|---|---|

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: _____