VOLUNTEER

Expenses and Mileage - Claim Form

NORFOLK WILDLIFE ENTERPRISES

Name _____

Address _____

_____

_____

_____

_____

Site, Superviser or role _____

We would like to pay your expenses by BACS direct into your Bank or Buildling 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 (Authoriser to Complete)
		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 (Authoriser to Complete)
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				Expenses Total	**£ -**

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

Total Amount of Claim	**£ -**

Signature of Claimant: _____ **Date:** _____

Confirmed by: _____ **Date:** _____

(Centre Co-ordinator)

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:** _____

Visitor Services & Sales Manager