Volunteer expenses claim form / Mileage

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | |
| **Department** | | | | | | |
| **Date** | **Projects/ challenges contributed to** | **Total mileage** | **Rate per mile** | **Amount claimed** | |
|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
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|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
|  |  |  | **45p** |  |  |
|  |  | **Total claim** | |  |  |

I certify that the expenses claimed have been wholly and necessarily incurred by me for the purposes of volunteering on the dates overleaf.

|  |  |
| --- | --- |
| **Volunteer name** |  |
| **Signature** |  |
| **Date** |  |

Claim verified and approved

Budget code

|  |  |
| --- | --- |
| **Manager name** |  |
| **Signature** |  |
| **Date** |  |

Approved for payment

|  |  |
| --- | --- |
| **Budget code** |  |
| **Budget holder name** |  |
| **Signature** |  |
| **Date** |  |

Budget holder name

Signature

Date