****

**Volunteer Expenses Claim form**

Name: Home Address

Position

i.e. – Mentor/Walk Leader/Fundraiser

Location

i.e. – Falkirk/Clackmannanshire

The following expenses were incurred by me in the course of my voluntary duties and I seek reimbursement:

**Section 1**: Summary of volunteer’s car mileage (please complete volunteer mileage form also).

|  |  |  |
| --- | --- | --- |
| **Total number of miles –****For example** | **Amount per mile** | **£** |
| **10** | **0.40** | **4.00** |
|  |  |  |

**Section 2:** Summary of other expenses

|  |  |  |
| --- | --- | --- |
| **Date** | Details of other expenses **Receipts must be attached for each item** | **£** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total Claim**: |  |

I, the volunteer, choose to donate the sum of £\_\_\_\_\_\_\_\_ therefore I would like to claim: £\_\_\_\_\_\_\_\_.

The particulars stated are correct, and accord in all respects with the Association’s volunteer procedures currently in place.

Signature of Volunteer Date

Authoriser Name (please print) ……………………………..…..

Authorisation Signature Date

Note: after completing section 2 please draw a line underneath in the shape of a Z, then sign off.

**Please return to your Development Officer.**

**Volunteer Mileage Form**

Details of Volunteer Car Journeys

Make and Model

of Vehicle

Registration No

Engine Size

Fuel type Petrol /Diesel/Other\*

 (\*Delete as applicable**)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Journey** | **Reason** | **Miles****Claimed** |
|  | **From** | **To** |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Total number of Miles** |  |

The particulars stated are correct, and accord in all respects with the Association’s volunteer procedures currently in place.

Signature of Volunteer Date

**Please complete, attaching receipts, and return to your Development Officer.**