VOLUNTEER ACTION - Befriending

EXPENSES CLAIM FORM (mileage rate 40p per mile)

Name _____ **Month ending** _____

TRAVEL

Date	From	To	Distance miles	Return Y/N	Reason/ member being visited		Cost £
							:
							:
							:
							:
							:
							:
							:
							:
							:
							:
							:
							:
							:
							:
					TOTALS		:

ADDITIONAL EXPENSES

Date	Details	Cost
		:
		:
		:
	TOTAL EXPENSES	:
	CARRIED FORWARD	:
	GRAND TOTAL	:

I certify that the travel and expenses claimed were necessary and specifically incurred in the course of my duties for Volunteer Action

Signature of Claimant _____

Claim approved by Manager _____

Cheque No_____

Date _____