

Volunteer Expense Claim Form

Community Care Network

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Volunteer Expense Claim Form



Name: _____ Date of Claim: _____

Receipts must be provided. We will reimburse exact amounts, according to the amount on the receipt.

All expenses must be agreed in advance.
Please see the volunteer expenses procedure for information.

Travel Expenses - Up to £7.50 per Volunteer Session

Date	Details of Journey	Amount (£)
Sub Total		£

Subsistence and Other Expenses – up to £5 a day, after 4 hours of volunteering. Does not include alcohol and cigarettes.

Date	Detail of Claim	Amount
Total		£

Authorisation

Finance Use Only

Co-Ordinator:	Date Paid:	
Date:	Cheque No:	
	Ref:	

Reimbursement Method

<input type="checkbox"/> Bank Transfer		<input type="checkbox"/> Cash
Account Holders Name:		Cash only: By signing this form you acknowledge that you have received the money.
Bank Name and Address:		
Acc No	Sort Code:	

Volunteer's signature: _____ Date: _____