



# VOLUNTEER EXPENSES CLAIM FORM

PURPOSE: \_\_\_\_\_

DATE: FROM \_\_\_\_\_  
TO \_\_\_\_\_

INFORMATION: \_\_\_\_\_  
NAME \_\_\_\_\_

POSITION Volunteer \_\_\_\_\_  
Contact# \_\_\_\_\_

Account # \_\_\_\_\_  
Sort Code \_\_\_\_\_

Date	Description	Miles@45	Receipt attached?	Accommodati o	Travel	Meals	Phone	Entertainme	Misc.	Total
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<b>Total</b>				<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>

SUBTOTAL	<b>£0.00</b>
ADVANCES	<b>£0.00</b>
<b>TOTAL</b>	<b>£0.00</b>

APPROVED: \_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_