****(No need to print in colour!)

**Volunteer Expenses Claim Form**

Top of Form

|  |
| --- |
|  |
| **Name** |  | **Month** |  | **Volunteer manager** |  |
|  |
| **Travel** |
| Date of expense | Reason for expense (i.e. the volunteer activity) | Details of travel – from and to | Driver miles | Passenger miles | Other £ (bus/train) | Code (Staff Use) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Totals:** |  |  | £ |  |
| **Subsistence (food/drink)** |
| Date of expense | Reason for expense (i.e. the volunteer activity) | Details of subsistence | Cost £ | Code (Staff Use) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Total:** | £ |  |
| **Other** |
| Date of expense | Reason for expense (i.e. the volunteer activity) | Details of other expense | Cost £ | Code (Staff Use) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total:** | £ |  |

|  |  |
| --- | --- |
| **For Staff Use Only** | **Summary** |
| Miles (.45p per mile): | £ |
| Passenger (.05p per mile): | £ |
| Rail / Bus / Flight / Taxi Fares / Parking / Toils: | £ |
| Subsistence: | £ |
| Other Expenses: | £ |
| **Total Claim:** | **£** |

**Guidance for completion & submission:**

1) You must get prior approval before you undertake your volunteering activity. Expense claims should be submitted monthly within 4 working days of month-end.

2) All expenditure should be at the most economical cost.

3) Valid receipts should be attached for all non-mileage expenditure. Note that HMRC does not accept debit/credit card counterfoils unless they itemise expenditure.

4) Prior approval is required for subsistence in line with the expenses policy.

**Please provide your bank details below:**

I agree to Lymphoma Action storing my bank details on a secure database for my future expense claims. I understand that I can ask for my details to be removed at any time and that they will be deleted once my volunteering with the Charity ends.

**Yes** [ ]  **No** [ ]  ***If No, please give your details for payment of this claim only.***

|  |  |
| --- | --- |
| Bank and Account name |  |
| Account number (8 digit) |  |
| Sort Code (6 digit) |  |

**Signatures:**

In claiming these expenses, I confirm that:

* these expenses were wholly, exclusively, and necessarily incurred in performance of volunteering for Lymphoma Action;
* for motor expenses I hold a valid UK full driving license, vehicle tax, insurance, and MOT for vehicles over 3 years old; and
* in undertaking those activities, I complied with Lymphoma Action's health and safety policies and procedures, including the safe use of mobile phones and taking adequate rest breaks (at least 15 minutes after every two hours of driving).

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by claimant** |  | **Date signed** |  |

Return this form to us via email (**volunteering@lymphoma-action.org.uk**) or post to our office:

Volunteering Team
Lymphoma Action
Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire
HP19 8JR

**Please note, if this form is returned incomplete, unsigned or without relevant receipts attached then this could lead to a delay in reimbursing expenses.**

|  |
| --- |
| **For Volunteer Manager Use Only** |
| Authorised by |  | Date |  |
| **For Budget Holder Use Only** |
| Authorised by |  | Date |  |
| **For Finance Use Only** |
| Processed by |  | Date |  |
| Date paid  |  |