

(No need to print in colour!)

Volunteer Expenses Claim Form

Name		Month		Volunteer manager	
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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:	£

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.

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:	£

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	
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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 <u>Volunteer Manager</u> Use Only			
Authorised by		Date	
For <u>Budget Holder</u> Use Only			
Authorised by		Date	
For <u>Finance</u> Use Only			
Processed by		Date	
Date paid			