

VOLUNTEERS TRAVEL & SUBSISTENCE CLAIM FORM

FOR PERIOD ENDING _____

Section 1 – To be completed in all cases

Payroll Number	<i>VOLUNTEER CLAIM</i>			I certify that this is a correct record of journeys made in the vehicle stated which is insured for business use and I acknowledge that I have been advised to consult my insurers to verify that the policy covers journeys made as a volunteer. I have incurred the stated travel and subsistence expenses.
Dept		Base		
Surname		Initials		
Address				
		Post Code		
Vehicle Reg.		Exact cc		
				Signed _____
				Dated _____

Section 2 – Total claim details (for full journey details see over the page)

Total Business Miles Claimed		Miles
Calculation Rate (pence per mile)		
Value of Miles Payable	£	
Subsistence	£	
Rail/Road Transport	£	
Car Parking/Bridge Toll	£	
Total Expenses	£	

Claims for subsistence must be supported by receipts and be for actual expenditure incurred. Tickets should be attached in respect of claims for travel by public transport and for car parking or bridge tolls.

Section 3 – Coding & Certification – Official Use Only

This claim has been examined and the expenses claimed are correct.

Examined By _____ Dated _____

Certified correct and authorised for payment

Authorised By _____ Dated _____

Please print contact name & Tel. No. in case of query

Name
Tel No
Return Address

Journey Dates	Purpose of Visit /Co-ordinator	Initials	Journey details including exact start and finishing points	Miles Travelled	Subsistence (Attach Receipts)		Rail/Road Transport (Attach Receipts)		Car Parking /Bridge Tolls (Attach Receipts)	
					£	p	£	p	£	p
				CARRY FORWARD TOTAL						
Please carry totals forward to the front sheet (Section 2)					FINAL TOTAL					