

Volunteer's Monthly Expense Claim Form

- To be signed by the asterisks & submitted by the end of the month -

Name:		Co-ordinator:			Month:		
Date	Journey from	Journey to	Purpose of journey	Mileage	Fares	Tel Calls ₁	Other expenses ₂
TOTAL							
1. If you need to make telephone calls in connection with your FAMILY visits, please try and keep them at the cheapest rate 2. Please discuss with the Co-ordinator / Senior Officer, beforehand if possible, any other miscellaneous expenses.					Total Claim £		
<p>!!!!!! IMPORTANT !!!!!</p> <p>YOU MUST COMPLETE INFORMATION OVERLEAF</p>							

If your claim includes car mileage you MUST complete the following, otherwise we will be unable to process this claim:

"I certify that I hold a full driving licence, have adequate insurance cover, the car is roadworthy, taxed and has a current MOT certificate."

*

Signed: Date:

I confirm that to the best of my knowledge the above is an accurate record of my expenses.

*

Signed: Date:

DONATING EXPENSES BACK

You have a right to claim expenses and Children & Families Staffordshire will ensure your legitimate claim is honoured, as we very much value and appreciate the time you give us freely. Occasionally, volunteers wish to donate their expenses back into the organisation. If you wish to do this on any occasion, please complete the form as directed. Children & Families Staffordshire will then see that your wishes are honoured.

Do you wish to donate your expenses back to CAFS? yes no

If you wish to specify in which area you would like your donation to be made, please do so below, otherwise your donation will go to the area deemed most in need at the time.

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FOR OFFICE USE ONLY

Checked _____	Payment made on _____	BACS/Cheque No. _____
Authorised _____	N/C _____	Dept _____

PLEASE NOTE THAT RECEIPTS AND PAYMENT TICKETS MUST BE SECURELY ATTACHED TO THIS CLAIM FORM

*- To be signed by the asterisks
& submitted by the 5th of the month –*