

Dementia Revolution Volunteer expense claim

Month/Year /

Please note that expenses can only be processed if you include the appropriate receipts. Current mileage rate is 44p per mile up to 10,000 miles.



Name:

Address:

Postcode:

Email address:

Are you letting us know of a change?

New address

New email

Bank details

We normally pay your expenses directly into your bank account. If this your **first** expense claim, or if you need to **change** your bank account information, please let us have your details below. If you leave it blank we will continue to use the details we currently hold for you.

Sort

code: _ _ - _ - _ - _ - _

Account

number: _ _ _ _ - _ - _ - _ - _ - _ -

Date	Description of expense (details including start/finish points for travel claims)	Miles travelled (if applicable)	Copy of receipt attached (Yes/No)	Amount £
Mileage brought forward	<input type="text"/>	Total mileage this claim	<input type="text"/>	Total £ -

I confirm that the above expenses have been incurred in line with the Expenses policy and I hold the original receipt(s).

Claimant's signature:

Date:

Submit your completed expenses claim form, with either originals or copies of the receipts, to your role manager. You will need to keep the original receipts for your own records. The Society reserves the right to request to see the original receipt within 6 months of the claim for auditing purposes.

Office use only: expenses summary to be verified and authorised by role manager/budget holder					
Cost centre	Nominal code / Expense title/detail	Activity code	Funder code	Restriction code	Amount £
54103	4701- Volunteer Expenses	FKWQ	ZZZ	ZZ	
I confirm that the above expenses/mileage are verified and I'm now authorising payment.					Total £ -
Signature:	Printed name:	Date:		<input type="text"/>	<input type="text"/>
Finance authorised signatory:	Mileage carried forward			<input type="text"/>	0