

Involvement , Experience & Volunteering—Expenses Form

Name:	
Address:	

Date	Volunteering Location & Activity	Mode of Transport	From: Postcode	To: Postcode	Single or Return	Mileage rate 45p per mile <small>2p per passenger</small>	Amount
						Total	

Other Expenses—Meals/Stationery/Telephone/Parking etc..

Date	Description	Amount
		Total

Grand Total

Please ensure you complete the payment details and declaration overleaf and that the form is signed by your placement manager.

Payment Details

Preferred method of payment (please tick)

Cheque

BACS

Cash

Bank Details (if appropriate):

Account Name:

Account Number :

Sort Code:

Bank Name:

Declaration:

- ◆ I confirm that the expenses submitted are a true, accurate record of expenses that I am entitled to claim.

I also confirm that;

- I have relevant business class motor insurance to cover work related journeys in place;
- the vehicle(s) identified above is road worthy and has an up to date MOT certificate;
- my driving license remains valid and I am fit to drive, drive safely and obey the relevant laws.

I understand that if I knowingly give false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature of Claimant.....

Date.....

I certify that the above volunteer has attended on the days indicated and that the claim is correct and has not been paid from Petty Cash.

Signature of Supervising Manager..... Date.....

Signature of Authorised Involvement Team member..... Date.....