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| **PERSONAL DETAILS (Please complete in block Capitals)**  |  **STAFF USE ONLY** |  |
| **First Name:** |  | **Budget Code:** |  |
| **Surname:** |  | **Ward Supervisor:** |  |
| **National insurance No:**  |  | **Ward Supervisor Email:** |  |
| **Email Address:** |  | **Ward Manager:** |  |
| **Home Address:** |  | **Ward Details:** |  |
| **Postcode:**  |  | **Ward Address:** |  |

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| **JOURNEY DETAILS AND EXPENSE ITEMS (Relevant receipts MUST be attached for all expense items)**  |
| **Date of travel** | **Day of Travel** | **Transport Type** **(Bus and TFL Train ONLY)** | **Miles Claimed** | **Other (Meals/Snacks/Refreshments)****If Volunteering for more than Four Hours ONLY)**  | **Taxi Fare (For Night Shift Volunteers Only)** | **Amount Claimed** |
|  |  |  |  |  |  |  |
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| **Totals £** |  |  |  |  |  |

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| **CERTIFICATION OF Volunteer** | **CERTIFICATION OF AUTHORISING OFFICER** |
| I certify that the total expenses shown are correct. | I approve the claim as detailed and authorise reimbursement of the amounts claimed. |
| **SIGNATURE (Volunteer)** |  | **SIGNATURE (Manager)** |  |
| **PRINT NAME**  |  |
| **DATE** |  | **JOB TITLE** |  |
| **DATE** |  |