



VOLUNTEER CORNWALL - CASH JOURNEY CLAIM FORM Sheet No:.....

Name: Address:

 Tel No:

JOB CODE	DATE	FULL NAME OF PASSENGER(S)	PICK UP FROM	CONVEYED TO	S, R or W	NO. OF PASNGRS	MILES	ITEMISED EXPENSES	BOOKING FEE

I certify that the journeys and mileages claimed for are correct, and that I have insurance cover that allows me to use this vehicle for voluntary car duties.

Total Miles	£ . p
Cost (No of miles @ 41p per mile)	.
Itemised Expenses	.
Sub Total	.
Less Cash for Journey	.
Less Booking Fee	.
TOTAL	.

Volunteers Signature: Date:

OFFICE USE ONLY
 Journey Details Recorded:

*Please send signed claims **at least** monthly to:
 Accounts Team, Volunteer Cornwall
 Acorn House, Heron Way, Newham, Truro TR1 2XN*