



VOLUNTEER CORNWALL - EXPENSES 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	BUDGET HOLDER

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.

Volunteers Signature: Date:

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

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*