Volunteer Cornwall

CASH EXPENSES CLAIM

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

		£ . p
Total Miles		
Cost (No of miles @ 42p per mile)		.
Plus Itemised Expenses		.
Minus Cash & Booking Fees		.
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