



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

Volunteers Signature: ..... Date: .....

<b>Total Miles</b>		<b>£ . p</b>
<b>Cost (No of miles @ 42p per mile)</b>		.
<b>Plus Itemised Expenses</b>		.
<b>Minus Cash &amp; Booking Fees</b>		.
<b>TOTAL</b>		.

**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