

# Volunteer Claim Form

(Please complete in block capitals)

WWW.SOMERSET.GOV.UK



Title:  Initials:

Surname:

Address:

Town:

County:

Post code:

Claim date from:

Claim date to:

Claim total: £  .  p

If you wish these expenses to be paid into a bank, please complete the following

Account name:

Account number:

Sort code:  -  -

Bank address:

Vehicle registration number:

I hereby claim  miles at

45p per mile = £  .  p

expenses = £  .  p

detailed overleaf, with VAT receipts attached.

**Warning: Claiming for journeys or miles not driven is an offence under Section 15 of the Theft Act 1968**

Signed:  Volunteer driver

Date:

## For Support Manager's use

I certify, for payment, that the person named above undertook the journeys detailed overleaf on the dates indicated.

Signed: .....

Date:

## For office use

Vendor number:

Date claim certified:  /  /

Area:

SAP cost centre:

SAP G/L:

Net amount: £  .  p

VAT amount: £  .  p

Gross amount: £  .  p

Method of payment

Cheque

BACS

