**Volunteer Expenses Form**

Name (required): \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:** Expenses **will only be reimbursed** with accompanying receipts, please attach these when submitting any expenses claim.

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|  |  |  |  |  |  |  |  |  | **office use only** | | | |
| **Date** | **Event or Reason for claim** | **From** | **To** | **Bus/ train ticket cost** | **Travelled by car? Distance travelled** | **Claimed mileage**  ***(Distance x £0.45/mile)*** | **Cost of refreshments**  ***(if applicable)*** | **TOTAL** | **VAT** | **Budget Code** | **BusEnt** | |
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Please select (by ticking against the relevant option) one of the following options for reimbursement:

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| Option 1 | I would like my expenses to be reimbursed to my personal bank account:  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sort Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Option 2 | I am a member and would like to transfer to my Shared Interest Account:  My Share Account Number is 10 - ……………….. |  |
| Option 3 | I would like my expenses donated to the Shared Interest Foundation. |  |

I confirm that all expenses were incurred on legitimate business and claim re-imbursement as above.

Signed Volunteer: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Member Engagement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_