

HOME-START SHEPWAY

VOLUNTEER'S MONTHLY EXPENSE CLAIM FORM



Please return both the expense and time sheets to us by the first of each month

The following expenses were incurred by me during my work as a Home-Start volunteer:

| | | | | | | | |
|--|--------------|------------|------------|---|-------|--|----------------|
| Volunteer's name: | | | Address: | | | Month: | |
| | | | | | | Year: | |
| Date | Journey From | Journey To | Time Taken | Mileage | Fares | Tel Calls | Other Expenses |
| | | | | | | Telephone Calls: Max of 10 mins only can be claimed. <i>Please write time spent on call</i> ----- mins @ 5p per min (landline to landline) ----- mins @ 20p per min (mobile to landline) ----- mins @ 30p per min (landline to mobile) ----- mins @ 40p per min (mobile to mobile) ----- texts @10p each Other Expenses: <i>Please write here.....</i> | |
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| TOTALS: | | | | | | | |
| Notes: | | | | ----- miles @ .45p per mile: ----- Total fares (include receipts): ----- Total telephone calls: ----- Total other expenses: ----- Total Claim: £ ----- | | | |
| 1. If you need to make telephone calls in connection with your FAMILY visits, please try to keep them at the cheapest rate and a maximum of 10 minutes can be paid out. 2. Please discuss with the Co-ordinator beforehand if possible, any other miscellaneous expenses. 3. Please submit claim by the 1st of the month. | | | | | | | |
| If your claim includes car mileage by signing this form you are certifying that you hold a full driving licence and have adequate insurance cover and your car is taxed and has a current MOT. Signed _____ Date _____ | | | | For Office Use Authorised: _____ Date payment made: _____ Paid: Cash/Cheque/Bank/Bacs/Donated | | | |