

## Volunteer Expenses Form (V3)

As a registered volunteer, you can claim for 'out of pocket' expenses incurred whilst carrying out your voluntary role. All expenses must be agreed with your line manager in advance and receipts must be provided. For details of the current Public Transport Rate or for further information on how to claim, please refer to English Nature's guidance notes on volunteer expenses. You can also check the Volunteers Page on our website at www.English-Nature.org.uk.

\*\*\* EXAMPLE COMPLETED COPY OF EXPENSES CLAIM FORM \*\*\*

Name: Joe Bloggs	Team	Team: Humber to Pennines							Voluntary role: Bat Warden				
Full private address: 1 High Street, Anytown, A	nywhere, So	mewhere	eshire										
												Postcode: WF11WF	
Payment Details: Please pay this claim to my * Bank / Private Address. (* Delete as appropriate)         If payment is to be made to your bank, please provide your bank details below – if you have not provided them before.													
Account No: 1 2 3 4 5	6 7 8		Sort Code:	0	1	0	2	0	3				
Name of bank: Any Bank       Address of bank: 2 High Street, Anytown, Anywhere, Somewhereshire													
									We wi	ll send a ren	nitta	nce advice slip to your private addres.	7 <i>S</i>
<ul> <li>DECLARATION: I certify that:</li> <li>1. I made the journeys / purchases detailed in this claim and that the expenses shown were necessarily incurred by me during my voluntary role.</li> <li>2. Prior approval of these expenses has been obtained from my local team.</li> <li>3. (Motor Mileage claimants only). I hold a valid driving licence and I have informed my insurance company that I am using my vehicle during my voluntary role. My car has a valid tax disk and MOT (if required).</li> </ul>													
Signature: <i>J Bloggs</i> Date: 1/2/02													
APPROVAL – to be completed by Authorising O	ficer. Please cl	heck claim	ı details overle	af befo	ore app	orovin	g this c	laim.					
Signature: <i>A Other</i>	Name:	Name: A. N. OTHER						Grade: C			Date: 2/2/02		
Claim Examined and Passed:													
Initials: KMJ Date: 3/2/02	Suppl	ier No: B	BLO 001 Invoice Register: IR 1234 Batch: B00 9876										

Date	Journey / Purchase details	Public Transport	Personal M (At Public	ileage Fransport Rate)	Protective Clothing	Postage £	Other Expenses					
	(Include where from, where to and purpose of journey) and / or (Include description of and reason for purchase)	£	Total Mileage	Total Mileage Allowance £	£		£					
1/12/01	Home – Roost visit at Pontefract		12	3.12								
2/12/01	Home – Roost visit Stanley, Wakefield	1.05										
3/12/01	Purchase 1 pair of protective goggles				3.25							
4/12/01	Purchase x2 first class stamps – for return of roost visit forms					0.54						
5/12/01	Home – Roost visit Newmillerdam, Wakefield		25	6.50								
6/12/01	Purchase 1 pack of torch batteries						3.99					
7/12/01	Home – Wakefield Office. Meeting with Conservation Officer	1.05										
	Sub totals £	2.10	37	9.62	3.25	0.54	3.99					
	Cumulative own car mileage cla	imed this year	120			Claim total £	19.50					
Office use	only:	1										
£ 11	£ 11.72 Account Code: AP/5013/X/VOLUNT		Allocation Holder: M JONES									
£ 3.2	25 Account Code: AP/5100/X/VOLUNT	Signature:	M Jone	? <i>S</i>								
£ 0.54 Account Code: AP/5077/X/VOLUNT		Date: 7/1/02										
£ 3.9	Account Code: AP/5076/X/VOLUNT	If paymer	ıt is made in c	ash, the following	receipt must b	e signed by the	volunteer:					
		J		Received	l the sum of	£						
Amou	nt in words:	Signed:				Date:						