

Volunteer

## 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.

Name: Te					Team:						Voluntary role:					
Fu	Full private address:															
													Postcode:			
	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:					Sort Code:										
]	Name of bank: Address of bank:									•						
	We will send a remittance advice slip to your private address															
De	<b>Declaration:</b> I certify that: 1. I made the journeys / purchases detailed in this claim and that the expenses shown were necessarily incurred by me during my voluntary role.															
<ol> <li>Prior approval of these expenses has been obtained from my local team.</li> <li>(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> </ol>																
Signature: Date:								:								
Approval – to be completed by Authorising Officer. Please check claim details overleaf before approving this claim.																
Signature:				Name:					Grade:			Date:				
Cl	Claim Examined and Passed:															
	Initials	Date:	te: Supplier No: Invoice Register:				Ba			atch:						

Date	e Journey / Purchase details	Public Transport	Personal M (At Public	Iileage Transport 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 £	£	£	£						
	Sub totals	2											
	Cumulative own car mileage c	aimed this year		Claim total £									
Offi	ice use only:												
	£ Account Code:	Allocation	Allocation Holder:										
	£ Account Code:	Signature:	Signature:										
	£ Account Code:	Date:	Date:										
	£ Account Code:	If payment is made in cash, the following receipt must be signed by the volunteer:											
				£									
	Amount in words:	Signed:		Date:									