

THE PAPWORTH TRUST MILEAGE EXPENSES CLAIM FORM



VOLUNTEER _____

PERIOD _____

FUEL TYPE OF VEHICLE _____

OFFICE NAME _____

Table with columns: DATE, MILEAGE (START, FINISH), JOURNEY DETAILS (FROM, TO), TOTAL MILES, REASON FOR JOURNEY, N/A, COST CODE. Multiple empty rows for data entry.

_____ A B

I CERTIFY THAT THE EXPENSES CLAIMED ABOVE WERE WHOLLY, EXCLUSIVELY AND NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTIES UNLESS INDICATED OTHERWISE

SIGNED _____ DATED _____

APPROVED BY _____

TOTAL MILEAGE CLAIMED FOR PERIOD @

PENCE PER MILE

TOTAL AMOUNT CLAIMED IN £

Summary table with 3 rows: A, A-B, B. Row 1: yellow box, B; Row 2: empty, A-B; Row 3: empty, B.

I confirm that: - I hold a valid and current driving licence. - I am claiming for my own vehicle

- I am insured for business travel where mileage has been claimed - my vehicle has a valid MOT and tax disc and is in a road worthy condition

**THE PAPWORTH TRUST VOLUNTEER
EXPENSES CLAIM FORM**

TO CASHIER

Please Pay To the following expenses Department Name

incurred in Period: Office Name

DESCRIPTION	DESCRIPTION COST CODE	COST CODE	A/Cs USE ONLY	TOTAL £
TRAVELLING EXPENSES - NOT MILEAGE (See Separate Sheet)	44027			
MILEAGE B/F FROM OTHER SHEET (please attach fuel receipts)	44027			
TOTAL MILES <input type="text"/> @ 0.45 PENCE PER MILE				
TRAINING - GENERAL	44027			
TELEPHONES	44019			
STATIONERY	44018			
POSTAGE	44011			
CONSUMABLES	42005			
OTHER EXPENSES				

SUPPORTING RECEIPTS ARE REQUIRED

TOTAL

CASH ADVANCE

BALANCE DUE TO / FROM CASHIER

CLAIMANTS SIGNATURE:

APPROVED BY:

RECEIVED BY:

DATE:

I confirm that:

- The information provided on this Expense Claim Form is true and accurate
- any expenses claim is wholly and exclusively in the performance of my business activities
- I have attached all receipts for my claim
- I understand that if I make a false statement I may face disciplinary action