

Volunteer Expenses Form (V1)

Name :	Теа	eam & location	ו:			Volunteer supervisor/contact:					
Full private address (inc pos	stcode):							Tick box if changed from last clai			
Please circle appropriate role	Volunteer Ranger	Educational Visits	l Conservat Voluntee		Moors for the Future Volunteer	Othe plea s	er: I se specify	у			
Please complete the followi Period of claim if monthly		ire to complete If quarterly cire			esult in your claim being ret applicable.	turned	l .	Exchequer Account Code			
					Oct/Nov/Dec Jan/Feb/M						
If this is your <u>first claim</u> please complete the following bank details (For all subsequent claims leave this section blank unless details have changed since last claim)											
Bank/Building Society nam		Branch:				Sort cod					
Account number:		Ac	Account name:				Building Society roll number (if applicable):				
Email address for remittance advice: (Remittance advice will be posted to your private address if you do not provide an email address)									x if changed from last claim		
 DECLARATION: I certify that: I made the journeys/purchases detailed in this claim and that the expenses shown were necessarily incurred by me during my voluntary role. I used public transport where it was available and practical. 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). 											
Signature:		Date	Date:								
(Motor mileage claimants only) Car registration: TOTAL OF CLAIM £									£		

Date	Journey details / Purchase details / Activity (MFF Volunteers only)							Travel Allowances					Cost Code (If required)	Attendance Authorised By (Signature and Printed Name)
	(Include where from, where to and purpose of journey / description of items purchased / activity undertaken (MFF)						Public Transport	Travel Mileage from/to	Duty Mileage	Total Mileage Claimed	Total Mileage Allowance			
	PLEASE ATTACH RECEIPTS WHERE APPLICABLE							home		Claimeu	£ p	£ p		
	SUMMARY						Sub Totals £							
Des	cription	Cost Centre	Dept	GL Code	£	р	VAT							
Travel				134004					Journ	eys Approv	/ed			
Other								C	Calculations Checked and Entitlement Verified					
									Authorised for Payment]
				TOTAL £										-

Completed claim forms should be sent to: Peak District National Park Authority, Aldern House, Baslow Road, Bakewell, Derbyshire, DE45 1AE.