

LICENSED TRADE CHARITY



EXPENSE CLAIM FORM - VOLUNTEER VISITORS

Name :								Date :	
Date	Start point & Destination From and To	Purpose of visit Who and why visited	Mileage (miles)	Mileage claim	Travel	Hotel & Breakfast	Other (incidentals)	Total	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
				£ -				£ -	
<u>ALL CLAIMS MUST BE ACCOMPANIED BY VAT RECEIPTS WHEREVER POSSIBLE</u>			Totals	0	£ -	£ -	£ -	£ -	
Signature :			Authorised by :						
Signature :			Signature :						