

Expenses claims form

GWIRFODDOLWYR Y MILENIWM



MILLENNIUM VOLUNTEERS

Name of LCP

Reg. No.

Volunteer's name: _____

Host organisation: _____

Date	TRAVEL						Meals/ Refreshments*	Other approved expenses*	Total claimed
	Journey from	Journey to	Mileage	No. of hours volunteered	Public transport	Parking			

Total miles _____ @ _____ /mile = _____

Signature _____

Total public transport fares = _____

Position _____

Total claim = £ _____

Please attach any bus/train tickets and any receipts

* **Please see Expenses Policy**