## **Expenses Claim Form**

\*PLEASE PRINT DOUBLE SIDED

Name:							
Bank D	etails						
(if not a	already provided						
•		on Bank Account:			supp	ort·share·	experience
		Description ie Goods	Purchased from Name of store	Travel		Total	OFFICE USE
Date	Event			Method	Mileage		ACC CODE
				TOTAL Am	ount Claimed		
	Sign	ned by Claiment:					
		Please ensure all receipts are	attached and labe	lled accor	dingly		
OFFICE USE ONLY Approved by:			Amount Paid: Date:				
*DIFACE DRINT DOUBLE CIDED			Bank 🗌 Cash 🗌 Cheque 🗌 Chq No:				

## How to claim expenses:

- \* Please complete and return to: Little Hiccups, c/o 63 High Ridge Park, Rothwell, Leeds, LS26 ONL or email accounts@littlehiccups.co.uk
- Remember to include attachments of receipts, etc and number/name them according to the claim

## Payments cannot be made if there is no reciept/proof of purchase

- \* Expenses will be repaid by bank transfer (you will need to provide relevant details and ensure they are correct) unless otherwise agreed with Accounts, within 30 working days from the date that the form is received.
- \* Please read over our Expenses Policy before claiming any expenses.
- \* Please discuss with the volunteer co-ordinator in advance if you are unsure if any expenses can be claimed.

## Notes:

Mileage is calculated at 45p mile for car and vans; 24p mile for motorcycles, 20p mile for a bikes, and 5p per passenger per mile. The cheapest bus and rail should be purchased. If you need to make telephone calls in connection with your volunteering, please try and keep this at the cheapest rate.

If your expenses claim includes car mileage please tick box to confirm that you hold a full driving licence, have insurance cover, that your car is roadworthy, taxed and has a current MOT Certificate.

Any volunteer who does not want to claim expenses can donate the amount back to the project by ticking the box; we will then set up the gift aid process. On behalf of Little Hiccups, thank you very much.

