Expenses & Purchases Reimbursement Claim

**for Volunteers** *Charity No: 1174060*

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| --- |
| Please list expense items and reason for purchase below. Please number receipts and enter the number next to the relevant item. If no receipt is available please attach a written explanation. |
| *receipt**number* | *Item and reason* | *Amount* |
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| Total Reimbursement Claimed |  |  |

I claim reimbursement of the above out-of-pocket expenses and/or purchases which were actually, necessarily, reasonably and incidentally incurred by me in promoting the purposes of the Charity.

Signed: ............................................................ Name *(Print)*

Date: .................................................................

All payments will be made by bank transfer. Please provide account details below:

Name of account holder: Bank sort-code **\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

8-digit account number:\_ \_\_\_\_\_\_\_

FOR OFFICE USE ONLY

Confirmed by Team Leader Authorised by:

* Yes ☐N/A

Signed: ............................................................ Name *(Print)*

Date: ................................................................