Healthy Valleys Volunteer Mileage Expenses Claim Form

Name:

Address:

Date	Journey	Reason	Expenses: Mileage	Expenses: Travel (fares/parking)	Expenses: Others	FOR OFFICE USE ONLY: Project	FOR OFFICE USE ONLY: Fund	FOR OFFICE USE ONLY: Staff Initial

Volunteer Hours (please record any hours here)

Date	Hrs	Project

FOR OFFICE USE ONLY			
Total Mileage			
Rate per mile (pence)			
Total			
		Total Claim	

I confirm the above mileage and expenses claim has been incurred through Volunteering with Healthy Valleys

Signed: **Date:**

Approved By: **Date:**

Submit Claims to:

Healthy Valleys

Lockhart Community Hub, c/o Lockhart Hospital

Whitelees Rd, Lanark, ML11 7RX

Email: carolanne@healthyvalleys.org.uk