**Logo

Description automatically generated**

This form is to be completed by the volunteer and returned by email to finance[@homestartsouthwarwickshire.org.uk](mailto:office@homestartsouthwarwickshire.org.uk) by the

**10th of each month**.

**Claims received after this date will be paid the following month.**

**Year: Month:**

| Name: | Address: |
| --- | --- |

| **Date of journey** | **Journey from**  **(Postcode)** | **To**  **(Postcode)** | **Purpose**  **(Home-visit, Bump-Start, PEEP, Freedom, Stay and Play)** | **Total mileage** | **Total cost @ 45p per mile**  **£** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Totals** | | | | miles | £ |
| *Additional expenses:*  *If you need to make phone calls in connection with your family visit, please try and keep them at the cheapest rate.*  *Please discuss with your supervisor, beforehand if possible, any other miscellaneous expenses.*  ***Receipts must be included for Fares and Miscellaneous expenses*** | | | | Fares  Phone Calls  Miscellaneous | £  £  £ |
| **Total of Claim** | | | |  |  |

| **I confirm the following:**   1. **The expenses were incurred by me during my work as a Home-Start volunteer** 2. **I hold a full driving licence and have adequate insurance cover, the car is roadworthy, taxed and has a current MOT certificate**   **Signed :** |
| --- |

| **Please give your bank details for direct payment**  **Full account name:**  **Sort Code:**  **Account number:** |
| --- |

**For Office use only: Checked: Authorised: Date payment made: / /**