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This form is to be completed by the volunteer and returned by email to finance@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*** | FaresPhone CallsMiscellaneous | £££ |
| **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: / /**