**EXPENSES CLAIM FORM - Volunteer Expenses**

healthwatch Oxfordshire

**NAME:**

**Expenses Period:** (PLEASE SUBMIT EXPENSES MONTHLY)

| DATE | DETAILS OF EXPENSE | No of Miles (paid at 45p a mile) | TOTAL (£) * | Code (internal use only) |
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| | TOTAL EXPENSES CLAIMED | | £ | |

*Please attach receipts for items to the back of this claim form, and record these in the TOTAL column.

*I declare that the expenses claimed on this form were actually and necessarily incurred whilst engaged in work on behalf of Healthwatch. I further confirm that my vehicle is insured for these journeys, that I hold a valid driving licence, and that my vehicle has a valid road tax disc and a valid MOT certificate.*

**SIGNED:**

**ADMIN USE** **Additions checked**
**Authorised**

**Bank details for payment by BACS transfer**

Bank Name:
Account number:
Sort Code:

Please submit expenses on a monthly basis. If we receive your claim by 20th of the month it will be paid at the end of the *same* month. Please fill out your bank details even if you have claimed expenses before. Our method of payment is by BACS