Enter orgs details here

**Expense Claim Form**

**for Interim Befriender**

Please complete as soon as possible and return with receipts. Where you are unable to provide receipts please discuss with your Volunteer Co-ordinator. At this time will be paid by cheque, or bank transfer to avoid cash handling, please write your bank details in the space provided below for bank transfer.

**Telephone Calls** We pay 4p/minute for calls (you should set this in line with your organisations policy). If, however, your calls are charged at a higher rate, please provide copies of phone bills, showing the duration and actual cost of calls made. If you have a contract with your provider we can agree a suggested amount towards this. Please liaise with your Volunteer Co-ordinator.

**Broadband Costs** If you have a contract with your Broadband provider you may require some reimbursement towards this to enable you to continue to with your volunteering. Please liaise with your Volunteer Co-ordinator.

**General Expenses** If you are asking your volunteers to shop for those they support you should offer to reimburse public transport or mileage costs. Mileage rates vary however it should not be above the HMRC threshold of 45p per mile.

**Name:**

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| --- | --- | --- | --- | --- | --- |
| Date  Phone / Fax : 01463 712791  Email: info@befriendershighland.org.uk  2nd Floor  19 Church Street  INVERNESS  IV1 1DY  **FOR OFFICE USE ONLY**    Paid by staff (Date)     CASH (File number)     CHEQUE (Number)  Received by    Approved by  **TOTAL** | Description  (Travelling to / from, length of phone call, other costs, etc.) | Mileage if using own car | Cost of mileage | Cost of Phone call (see above) | Other Costs (eg. Towards Broadband) |
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|  | **SUB-TOTALS:** |  |  |  |  |

**Bank Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRAND TOTAL:**

**Bank Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please note this expense form is only for use for the interim period of volunteering during the pandemic.

**Bank Payee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**