



**APPENDIX B VOLUNTEER EXPENSE CLAIM FORM**

Please complete all sections fully, legibly, and accurately, attaching receipts where relevant. See overleaf for explanatory notes. We aim to pay your expense claim within 4-6 weeks of receipt; payment may be delayed if there is missing or incomplete information. **You do not need to provide bank details if already on our system.**

<b>Name &amp; Volunteer Role</b>		<b>PAO Ref. / Volunteer No.</b> <i>(if applicable)</i>	
<b>Address (incl. postcode)</b>			
<b>Email (for remittance advice)</b>		<b>Phone</b>	
<b>Bank Account Name</b>		<b>Sort Code</b>	<b>Account No.</b>
<b>Reason expense incurred (e.g. welfare visit, training, Membership Council meeting, etc.)</b>			
<b>Date</b>	<b>Details of Expenditure</b> (See example guidance. Include Mosaic Case ref no. where relevant but do <b>not</b> include beneficiary personal details)	<b>Amount</b>	
		<b>Total</b>	
<i>Note: for additional claims please attach a separate sheet</i>			
<p>I understand that the information I have provided will be used only for the purpose of reimbursing out-of-pocket expenses, in accordance with RBL policy and procedures.</p> <p>I certify that the above details are true and accurate and that I incurred the expenses wholly, necessarily and exclusively whilst engaged on official RBL business. Where claiming mileage for use of my vehicle, I confirm that I have a valid driver's licence, road tax, MOT and insurance which covers business use.</p> <p>Signed (Claimant).....Date.....</p> <p><b>Office/Branch Use:</b> I confirm that I have checked this claim for accuracy in accordance with the RBL expense policy and that all relevant receipts are attached.</p> <p>Approved by (signature): .....Date.....</p> <p>Print Name &amp; Position: .....Unit Code/BR No.....</p> <p><b>Activity Code</b> 422000 - Volunteer Expenses</p>			