

SYSTON AND DISTRICT VOLUNTEER CENTRE DRIVER'S EXPENSES CLAIM FORM

To be submitted as soon as possible at the end of each month



DRIVER NAME:

Month:

Year:

Syston and District Volunteer Centre
18 School Street
Syston
Leicester, LE7 1HN

Tel: 0116 2607888

Date	Passenger First Name	Passenger Surname	Destination	Journeys (2 or 4)	Parking Paid	Volunteer Hours	Total Miles
TOTALS							

IMPORTANT DECLARATION

I certify that:

1. The amounts claimed are in accordance with the scale of allowance authorised and the mileage claimed has been solely on behalf of the Volunteer Centre
2. It is my responsibility to ensure that my vehicle is maintained in a roadworthy condition and is insured, taxed and has a current MOT certificate.
3. I will notify the Volunteer Centre of any changes to my health which may affect my ability to drive.

Claimant's Signature:

OFFICE USE ONLY	Entered By:	Total Claim £
Date Entered:		