# Volunteer Expenses Claim Form – RNIB Group of Charities

If you experience any difficulty in completing this form or if you require any assistance, please contact your volunteer manager / supervisor.

Using the table below, please enter your details after each colon in column 1, rows 1-7 only.

Please note that columns 2 and 3 do not need to be used.

|  |  |  |
| --- | --- | --- |
| Month/Year of Claim: |  | For Finance use only: |
| Name: |  |  |
| Address 1: |  | PE No: |
| Address 2: |  |  |
| Town: |  | IN No: |
| County: |  |  |
| Postcode: |  | Supplier No: |
| Email: |  |  |

## Instructions for Volunteer

1. Using the Details of Claim table, enter expense details in columns 1, 2, 4 and 5.  
   Ensure that you fully explain the reason for purchase in column 2.
2. If you are claiming for car mileage: enter the number of miles travelled that day. Mileage is reimbursed at 45p per mile. Multiply your number of miles travelled by 45p to give the amount to claim for your journey.
3. Enter the Total after the Details of Claim table
4. Sign and date the form after the total (if sending electronically a typed signature is acceptable)
5. Return this form to your manager / supervisor, with either electronic or paper copies of receipts.

## Details of Claim

Please complete columns 1, 2, 4 and 5. The headings appear in row 1.

If you need more space, please insert additional rows. Please note that columns 3, 6 and 7 are for your volunteer manager/supervisor's use only.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Details of items purchased or journey destination and reasons** | Receipt Number | **Number of miles travelled** | **Amount** | Cost Code | VAT |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Claim Total:** |  | | |  |  | |

Volunteer Signature:

Date:

## Instructions for Volunteer Manager:

Check Details of Claim and ensure receipts are present to support

Number receipts and complete column 3

In column 6, enter your team cost code, with relevant volunteering subcode for example CXXXX-XXXX (make sure you use the new cost codes)

Complete column 7 if VAT receipt is present

Check the Claim Total

Complete your details below

Print the form, sign, scan and email along with scans of receipts to [invoices@rnib.org.uk](mailto:invoices@rnib.org.uk).

Volunteer Manager / Supervisor Signature:

Printed Name:

Telephone Number:

Date:

Authorisation Signature for missing receipts: