



## Volunteer Mileage Claim Form 2016-2017

**Name:**

**Address:**

*Please submit your form to the office on a monthly basis.*

<b>Date:</b>	<b>To:</b>	<b>From:</b>	<b>Miles:</b>	<b>Total miles @ 45p per mile:</b>
<b>Total number of miles claimed for:</b>				

These represent an accurate account of my mileage expenses:

Name:.....

Signed:.....Date:.....

If you would like to be paid directly into your bank account please provide:

**Sort code:**

**Account Number:**

**Bank:**