## Volunteer/user involvement expense claim



### Month/year:

### Your details - for claims from April 2024, please re-submit your details for our new system.

Name:	
Address:	
Postcode:	
Email address:	

If your details change, please supply your new details above and indicate below that there is a change:

Are you letting us know of a	New email address:	New address:	Name change:
change in your information?	Yes/No	Yes/No	Yes/No

Please note that expenses can only be processed if you include the appropriate receipts. Current mileage rate is 45p per mile up to 10,000 miles. Please speak to your volunteer manager or contact at Alzheimer's Society who can provide you with a copy of the expenses guidance and/or policy.

#### Bank details - for claims from April 2024, please re-submit your details for our new system.

We normally pay your expenses directly into your bank account. From April 2024 we have a new finance system and will create you a new expenses account. Please complete your bank details. The first time you claim, or, in the future, if you need to change your bank account information, please let us have your details below.

Sort code:	
Account number:	

#### Your claim (please add more rows as needed):

Date	Description of expense (details including start/finish postcodes for mileage claims)	Miles travelled (if applicable)	Copy of receipt attached (yes/no)	Amount (£)
	Total mileage this claim:		Total:	

#### Mileage brought forward from last claim:

I confirm that the above expenses have been incurred in line with the Travel and Expenses policy and I hold the original receipt(s).

#### Claimant's signature:

Submit your completed expenses claim form, with either originals or copies of the receipts, to your volunteer manager. You will need to keep the original receipts for your own records. The Society reserves the right to request to see the original receipt within 6 months of the claim for auditing purposes.

#### Date:

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Office use only: expenses summary to be verified and authorised by volunteer manager				
Expense title/detail	Workorder	Funder code	Restriction code	Amount £
			Total	£-
			Mileage carried forward:	

Please ensure the expenses claimed have been totalled correctly.

Code details can be found in the financial coding document on Arena.

I confirm that the above expenses/mileage are verified and I'm now authorising payment.

Signature:	Printed name:	
Date:	Budget holder signature (if claim is over £500):	

Volunteer managers can authorise expense claims up to £500. Please forward this form to the Society Accounting Centre accompanied by valid receipts as outlined in the Travel and Expenses Policy.

Expense claims over £500 must be authorised by the budget holder, who then forwards claims to Society Accounting Centre.

Email address to send approved claims: finance\_queries@alzheimers.org.uk