



Month/year:

Name:

Your details – for claims fro	n April 2024, please re	e-submit your details for	our new system
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Postcode: Email address:			
Email address:			
f your details change, please supp	oly 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
expenses guidance and/or policy.			who can provide you with a copy of th
expenses guidance and/or policy.			who can provide you with a copy of th our details for our new syst
expenses guidance and/or policy.	s from April 2024,	, please re-submit yo	
Bank details – for claims We normally pay your expenses d	s from April 2024, directly into your bank acc	, please re-submit yo	our details for our new syst
Bank details – for claims We normally pay your expenses d From April 2024 we have a new fin	is from April 2024, directly into your bank acc	please re-submit yo	
Bank details – for claims We normally pay your expenses d From April 2024 we have a new fin	is from April 2024, directly into your bank acc	please re-submit yo	our details for our new syst



Volunteer/user involvement expense claim

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:

Date:

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.



Alzheimer's
Society
Together we are help & hone

for everyone living with dementia

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 scan and 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: Payments@alzheimers.org.uk