

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

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

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

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

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.

Expense title/detail	Workorder	Funder code	Restriction code	Amount £
Total Mileage carried forward:				£ -

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):	

Email address to send approved claims: [finance\\_queries@alzheimers.org.uk](mailto:finance_queries@alzheimers.org.uk)