REIMBURSEMENT CLAIM
MILEAGE CLAIM FOR VOLUNTEERS

Payment method												
☐ Cheque	☐	Cheque returned for collection	☐	BACS	☐	Cash - Imprest voucher number						

Payee details			
Name			
House number / Street			
Town / City			
County		Post code	
Telephone no			

Period		Governor / Volunteer
From	To	☐ Governor
		☐ Volunteer

Vehicle details			
Vehicle registration number		Make	
cc		Year	

The insurance policy relating to the vehicle (as above) used by me on the official business of the County Council is issued by:
and includes my use of the vehicle for business purposes.

Details of journeys					
Day	From	Places visited	Returned to	Purpose of journey / Client name	Miles

Total mileage for period (A)	
Previous mileage (from 1st April)	
Mileage to date	

Other Expenses	£	p
Total (C)		

Amount Payable		
Number of miles (A)		
Rate (B)		
Payable	£	p
Mileage (A x B)		
Other expenses (C)		
Total Claimed		

Payee certification									Receipt where paid in cash									
										£		p						
I certify that: ● the expenses overleaf have been necessarily incurred by me on school business; ● the VAT receipts attached cover the period of the claim and the numbers of miles travelled; and ● I hold a valid Driving Licence.									Received the sum of									
									Signature									
Signature of payee									Print name									
Print name																		
Date									Date									

Payment approval, or for imprest payments, authorisation		
Signature(s):	Name	
	Position	
	Department	
	Date	

User Guidance Notes

- ✔ Please ensure that this form is fully completed in block capitals
- ✔ VAT receipts that cover the period of the claim and the numbers of miles travelled must be attached to this reimbursement claim
- ✔ The form must be signed by the clerk/the Headteacher/the Chair of Governors – where appropriate two signatures may be required.
- ✔ All claims must have relevant receipts attached.
- ✔ This form is attached to the policy for Governor Expenses.
- ✔ If you have any comments or suggestions about the design or functionality of this form contact the Chair of Governors.
- ✔ This form will be reviewed with the policy when required.

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