



APPENDIX B VOLUNTEER EXPENSE CLAIM FORM

Please complete all sections fully, legibly, and accurately, attaching receipts where relevant. See overleaf for explanatory notes. We aim to pay your expense claim within 4-6 weeks of receipt; payment may be delayed if there is missing or incomplete information. **You do not need to provide bank details if already on our system.**

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|--|---|--|--|
| Name & Volunteer Role | | PAO Ref. / Volunteer No. (if applicable) | |
| Address (incl. postcode) | | | |
| Email (for remittance advice) | | Phone | |
| Bank Account Name | Sort Code | Account No. | |
| IBAN | SWIFT/BIC | Roll number | |
| Reason expense incurred (e.g. welfare visit, training, Membership Council meeting, etc.) | | | |
| Date | Details of Expenditure (See example guidance. Include Mosaic Case ref no. where relevant but do not include beneficiary personal details) | Amount | |
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| | Total | | |
| <i>Note: for additional claims please attach a separate sheet</i> | | | |
| <p>I understand that the information I have provided will be used only for the purpose of reimbursing out-of-pocket expenses, in accordance with RBL policy and procedures.</p> <p>I certify that the above details are true and accurate and that I incurred the expenses wholly, necessarily and exclusively whilst engaged on official RBL business. Where claiming mileage for use of my vehicle, I confirm that I have a valid driver's licence, road tax, MOT and insurance which covers business use.</p> <p>Signed (Claimant).....Date.....</p> <p>Office/Branch Use: I confirm that I have checked this claim for accuracy in accordance with the RBL expense policy and that all relevant receipts are attached.</p> <p>Approved by (signature):Date.....</p> <p>Print Name & Position:Unit Code/BR No.....</p> | | | |
| Activity Code 422000 - Volunteer Expenses | | | |