

Top of Form

VOLUNTEER EXPENSES CLAIM FORM

Bottom of Form

**To claim back your expenses, please complete this form in BLOCK CAPITALS and attach original receipts for all items. Further information on expenses can be found in our Volunteer expenses policy.**

**Please return this form via post, email, or hand to your staff contact at Diabetes UK (the person you communicate with about your volunteering). You will receive a remittance slip (a record of the amount you’ve been reimbursed) via email or post (if no email given). If you volunteer for more than one project or type of event please complete separate forms for each.**

**Please note that if this form is returned incomplete, unsigned or without receipts attached this is likely to lead to a delay in reimbursing expenses.**

1. YOUR DETAILS

**We’ll use your details only for purposes of processing your expenses claim. We’ll keep your information for 7 years, the recommended data retention period for financial transactions. You can find out more about how we use your information at** [**www.diabetes.org.uk/privacy**](http://www.diabetes.org.uk/privacy)**.**

|  |
| --- |
| Bottom of Form |
| **Name**  |
| **Address**  |
|   | **Postcode**       |
| **Email**         | **Tel**       |
| **Name of your staff contact at Diabetes UK (essential to enable us to process your expenses quickly):**   |
| **What volunteer role or event type are the expenses for (e.g. Type 1 event, Balance shoot):** |

2. YOUR BANK ACCOUNT DETAILS

**We will reimburse your expenses straight into your back account. Please complete this section to enable us to identify you. You should complete this section even if you have given us your bank details before.**

|  |  |
| --- | --- |
| Account number (8 digit):       | Sort Code (6 digit):      |
| Name on the Account:Name of Bank & Branch: |

3. YOUR EXPENSES

**Please complete the table below in full to give us details of your expenses. Each line should match an accompanying receipt, except for mileage claims which do not require a receipt. The Diabetes UK mileage rate for reimbursement of travel by car is 45p per mile.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of expense** | **Description** | **Account Code** | **Cost Centre** | **Programme Code** | **Cost** |
| *01/01/22* | *Eg Train travel to event – London to Bath (Return)**or travel to training by car- EN2 2WA – NW1 7AA 15miles @ 45p* |  |  |  | *Eg £25.00* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. DECLARATION**

**I declare that these expenses were incurred wholly, necessarily and exclusively for the purposes of Diabetes UK volunteering activities and that the bank details I have provided are correct.**

**Signature**:      **Date**:

5. CHECKLIST

|  |
| --- |
| To avoid delays in receiving reimbursement please check the following before submitting your form**[ ]  Receipts, or copies with signature and date, are attached for each item you are claiming for****[ ]  You have entered the name of your staff contact and details of your volunteering in section 1****[ ]  You have signed and dated the declaration in Section 4****[ ]  All items being claimed for were incurred in the last 2 months** |

**Please return this form to your staff contact at Diabetes UK. If you have any queries about the form or are unsure where to send it please contact our volunteering team at** **Volunteering@diabetes.org.uk****.**

|  |
| --- |
| **For Office Use Only:** |
| Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Finance Use Only:** |
| Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |