

## Volunteer Expenses Claim Form

Please complete the table for each activity you have been invited to take part in with the Worcestershire CCGs and return to the address above or [hw.engage@nhs.net](mailto:hw.engage@nhs.net) (please note that this is not a secure email pathway).

Date	Detail of Activity	Journey From	Journey To	Total car mileage (at 45p/mile)	Public Transport	Other	Total

**Total Claimed =**

**Remember to attach any relevant tickets & receipts.**

I confirm that I have incurred the above expenses, and that the expenses and claim for payment are in line with the Volunteer Expenses Policy and Procedure. If claiming for mileage I confirm that I have a valid driving license and my vehicle is insured for this use.

<b>Supplier Number</b>	
<b>Name</b>	
<b>Address (inc postcode)</b>	
<b>Telephone Number</b>	
<b>Signature</b>	

**Return to:** Engagement team, NHS Herefordshire and Worcestershire CCG, The Coach House, John Comyn Drive, Worcester, Worcestershire WR3 7NS

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**CCG Use Only:**

<b>Approval Signature</b>		<b>Payment Requested?</b>		<b>Date</b>	
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