**Appendix G – Out-of-Pocket Expense Claim Form**

**Expenses Claim Form**

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| **Name of claimant……………………………………………………………**  **NI number:………………………………………………………………………**  **Bank Name:……………………………………………………………………….**  **Sort Code: \_ \_ \_ \_ \_ \_ - Account Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | **Job Role…………………………………………………………………………………………..………**  **Home address…………………………………………………………………………………………………....**  **Headquarters/ work base…………………………………………………………………….**  **Vehicle Registration number………………………………………… CC of vehicle…………………………** | | | | | | |
| DATE | GROUP OR SERVICE | **MILEAGE** | | | | | **PLEASE PROVIDE RECEIPTS OR TICKETS AS CLAIMS CANNOT BE PROCESSED WITHOUT THEM** | | | | NOTES |
| POSTCODE FROM | POSTCODE TO | NO. OF MILES | | NO OF PASSENGERS | BUS/ TRAIN FARES | PARKING FEES | FOOD/ DRINK | OTHER/Please specify |
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|  |  | TOTAL MILEAGE | |  | |  |  |  |  |  |  |

* **Please give details of one expense per row – Claims submitted later than three months from incurred expenses may not be authorised -**

**Declaration:**

I declare that this claim is in respect of my actual expenses which were necessarily incurred whilst engaged in my voluntary duties and is in accordance with my voluntary volunteer agreement. I also certify that I hold a current driving licence as well as MOT certificate and valid insurance for the vehicle used.

I declare that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed (Claimant)………………………………………………………………………….. Date……………………………………………………………..……………………

**OFFICE USE ONLY:**

Authorised by (Name) …………………………………………………………………. Job Title ………………………………………………………………………………..

Signature……………………………………………………………………………………… Date……………………………………………………………………………………..

**General Notes:**

In accordance with the HMRC allowances, mileage will be paid for volunteer drivers using their own car at the following rates:

**Volunteer Drivers:**

On the first 10,000 miles in the tax year - 45p

On each mile over 10,000 miles in the tax year - 25p

**Volunteers who commute to their voluntary role:**

25p per mile plus an additional 5p per mile if there is one or more passenger. For example if you provide a lift to another volunteer.

**Sustenance:**

Please give this form to your supervisor or return it to:

Engagement Manager

Sheffield Health & Social Care NHS Foundation Trust

Fulwood House

Old Fulwood Rd

Sheffield

S10 3TH

**USE OUR INTERNAL POST FROM ONE OF OUR SITES IF POSSIBLE**

Volunteers who have been asked to carry out their voluntary role for more than five hours in a day (in addition to a lunch break) are entitled to a lunch allowance of a maximum of **£5.00**. Receipts must be provided. Please see our expenses procedure for more detailed information.