# How to complete the volunteers expenses claim form

1. Your name and full address are required to send a cheque to you. All finance staff are governed by the same rules on confidentiality as healthcare staff and your details will be treated as confidential. Your telephone number or e-mail will only be used if we have a query about your claim.
2. Please put the date and details for each meeting you attended in the first and second columns. **If you are working on different projects with different departments, please only submit one claim form for each department**. Each claim could be paid from a different budget and needs to be coded differently.
3. Tick method of payment i.e., BACs or Cheque. Please only tick BACs if your bank details have been verified by NHS Grampian Finance.
4. ‘Car mileage.’ If you used your car, please write the total number of miles to the meeting and back again.
5. ‘Passenger miles’. If you have used your car to take another representative to the same meeting, please enter the total mileage and the representatives’ name.
6. ‘Travel fares’. Please enter any expenditure on buses, trains, taxis, or a combination of different types of transport. Receipts must be provided.
7. ‘Other expenses’. Please list any other things you have paid for such as meals, parking fees, childcare, carer’s costs, accommodation etc. and then enter the costs in the next column. Please enter your time spent with NHS Grampian (including travel time) if claiming for refreshments and meals.
8. Remember to include receipts for all expenses claimed (except for mileage claims).
9. Add up the amounts you are claiming for in each column to create sub totals. Create a grand total in the bottom right hand ‘Total’ box (or leave blank if you want us to calculate mileage costs).
10. Please sign the form and ask a member of staff to confirm your attendance. Ideally this should be done at the end of the meeting.
11. Please return this form to your named contact person……………………………… or the manager of the department you have been involved with. He or she will process your claim via our finance department. Alternatively, you can return your form to **Freepost NHS Grampian**. **No stamp is required.**

Please refer to Grampian NHS Policy on reimbursement of expenses for further information. This can be found at:
<https://rebrand.ly/NHSG-PI-Volunteers-Expenses-Guidance>

# Please read instructions before completing this form in block capitals. Receipts must be provided and attached to this form where applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Address: |  | Payment method(please tick) |
| Postcode: |  | BACs | Cheque |
| Tel: | Email: |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Details of meeting and venue  | Car mileage | Passenger’s name and number of miles | Travel fares | Other expenses (please list items and hours involved if applicable) | Cost of other expenses |  |
|  |   |  …..@45p per mile |  |  |  | £ |  |
|  |  | ……@45p per mile |  | £ |  | £ |  |
|  |  | ……@45p per mile |  | £ |  | £ | **TOTAL** |
|  | **Sub totals:** |  |  | **£** |  | **£** |  |

I declare that the above travelling and subsistence expenses claimed have been incurred by me. I further declare that no other claim for reimbursement from public or charitable funds has been nor will be made in respect of this claim.

Signature of patient/public representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**FOR NHS GRAMPIAN USE ONLY Payment method:** BACs \_\_\_\_\_\_\_\_\_ Cheque\_\_\_\_\_\_\_\_\_

Verified by NHS Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget holder’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget code:

PLEASE PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Copy retained by Service/PFPI Team |  | Claim checked by Finance Department:  |  | Date: |