



**Chichester Diocesan Association for
Family Support Work**

VOLUNTEER EXPENSES CLAIM FORM

This form is to be used to record those expenses you incur while volunteering for us for which you wish to be reimbursed. The type of expenses for which we provide reimbursement are:

1. Travel Expenses (public transport, petrol @40p per mile)
2. Postage & Stationery
3. Parking
4. Telephone Calls on behalf of FSW

Date	Type of Expenditure	Amount
Total		

These represent an accurate account of my expenses.

.....
Signed

.....
Month Claimed For

.....
Name & Address of Volunteer

For Office Use Only

(for) Department

Approved by:.....

Date:..... Payment issued:.....

PLEASE ENSURE YOU ATTACH ALL RECEIPTS: