



Claim No:.....

**VOLUNTEER/VCS ORGANISATION  
EXPENSES CLAIM FORM FOR VSA**

Title:..... First Name: ..... Surname:.....  
 Address: .....  
 Postcode: ..... Tel No: ..... Fax No: .....  
 VCS Organisation (if applicable): .....  
 Email Address: .....

**Amount claimed per mile (40p per mile is the maximum allowed under the current guidance)**

Total miles:		
Total cost @ 40p/mile		
Total other expenses		
<b>Grand total</b>		

**Bank Details**

Account Name: .....

Address:.....  
 .....

Sort Code:.....

Account No: .....

If you would like the claim paying directly into your account please provide above bank details:

Date	Time of meeting	Meeting attended	Venue of meeting/postcode	Starting point address	Miles claimed each way	Total claimed	Additional Expenses	
							£	Details (attach receipts)
Grand totals								

Signature of Approving Officer: ..... Date: .....

**STATEMENT**  
 I certify that the miles claimed above are all on legitimate Assembly business and that the mileage claimed is accurate to the best of my belief

Signature: ..... Date of Claim: .....

**Completed form to be sent to:**  
 VCS Assembly Coordinator  
 c/o Shropshire Partnership, Shirehall, Abbey  
 Foregate, Shrewsbury, SY2 6ND 01743 252269

Payments will be made within 30 days of receipt of claim form. This can be either by cheque or by BACS payment direct to your bank account with a written confirmation (email confirmation from October 2008) sent you.