[*This is an example template. Adapt this document to correspond to your own guidelines, working practices and policies.*]

*June 2019*

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# Volunteer Expenses Claim Form

Thisform is to be used to record those expenses you incur while volunteering for [*museum name*]for which you wish to be reimbursed. The types of expenditure for which we provide reimbursement are:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Type of Expense** | | **Amount** |
|  |  | |  |
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|  |  | |  |
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|  |  | |  |
|  |  | |  |
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|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | | **Total** |  |

Expenses will be reimbursed on demand, but claims for periods exceeding a calendar month will not be considered. Please remember to keep receipts, bus tickets etc.

**🞏 By ticking this box, I confirm these represent an accurate account of my expenses.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of volunteer Authorised by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date