



Creu Cymru oed gyfeillgar  
Creating an age friendly Wales

# Care Home Visitor Support volunteer expenses claim form

Name: ..... Date:.....

Mileage claimed at .....p per mile

Your address:.....

Postcode: .....Contact Number:..... Email: .....

Bank details (if required): Sort Code: ..... Account No: .....

Date	Details	Number of miles	Hours Volunteered	Office use only (keep clear)		
				£	Department Code	Exp code
	From: To: Details:					
	From: To: Details:					
	From: To: Details:					
	From: To: Details:					
	From: To: Details:					

				Office use only		
Date	Details	Number of miles	£	Department Code	Exp code	
	From: To: Details:					
		<b>Total</b>				

**Other expenses (eg car parking, subsistence)**

			£			
			<b>Total</b>			
			<b>Grand total</b>			

**I hereby certify that:**

- The details above are correct and that this expenditure has been incurred in connection with my volunteer activity with Age Cymru
- I have not claimed this expenditure from any other source
- I know and understand the motor insurance requirements and I confirm that my car remains insured, roadworthy, fit for its purpose, continues to have a current MOT certificate and I hold a valid driving licence

Your details will be kept on a secure database and we will not share your details with any organisations unless required by law.  
 You can unsubscribe at any time. Call 029 2043 1555 email [unsubscribe@agecymru.org.uk](mailto:unsubscribe@agecymru.org.uk) or tick / circle this box [ ]

Signature: ..... Date: .....

**Please return completed form to:** Zoe Newland, Volunteer Support Officer, Age Cymru, Ground Floor, Mariners House, Trident Court, East Moors Road, Cardiff, CF24 5TD. Telephone 02920 431 555 or email: [carehomevolunteer@agecymru.org.uk](mailto:carehomevolunteer@agecymru.org.uk)

Authorised by (name):		Date:	
Signature:			
Cheque Number:	Date:	Cheque Signatory:	

