



Hands Together Ludlow Travel Expenses Claim Form

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

Journey:

(date, purpose and any other associated expenses):

Total miles.....@	per mile	£
Other Expenses		£
Total Reimbursable		£

Where applicable, please attach all receipts to the back of this form.

I declare that the journey claimed was necessary in my role as a volunteer for HTL and that my car insurance covers me for such purposes. I confirm that the mileage and expenses shown above are correct.

Signature:.....

Expenses received from:.....

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