



Poole Bay  
Methodist Circuit

**e-mail back to:** office@PooleBayMethodists.org.uk  
**or post to:** Circuit Office, c/o Winton Methodist Church, Heron Court, Bournemouth BH9 1DE

### EXPENSES CLAIM FORM FOR VOLUNTEERS

Name:

Group volunteering for:

Bank Sort Code:

Bank Account Number:

Expenses will be reimbursed on production of the relevant receipts. Please remember to keep receipts, bus tickets etc.

Date	Item	Cost £	Code <i>for office use only</i>
<b>TOTAL EXPENSES CLAIMED:</b>			

I declare that this claim is accurate and incurred during my voluntary role for the above named group.

Signature:

Date:

**OFFICE USE ONLY**

Agreed by and date:

Amount payable:

Paid by and reference: