EXPENSE CLAIM FORM

Name of Volunteer/Fosterer	
Name of Dog in Care	
Name of RM/RC	
Area	

Bank Details	**Name of Account**	
(for refund)	**Name of Bank**	
	Sort Code	
	Account No	

Purpose of claim (please give name of dog(s) if related to a Road Train

Itemised Expenses

Please attach receipts

Item	Date	Description	No. of miles (if applicable	Cost

Note: Mileage reimbursement for personal car = £0.45 for the first 10,000 miles claimed, £0.25 thereafter
Mileage will be calculated according to the shortest route on AA Route Planner

Volunteer Signature: ..... **Date:** .....

Approval Signature: ..... **Date:** .....

Payment made by: ..... **Date:** .....