



Volunteer Centre – Derbyshire Dales

Ashbourne Business Centre, Dig Street, Ashbourne, DE6 1GF. Telephone: 01335 344700

Volunteer Claim Form – Mental Health Project

Date	CLIENT'S NAME	FROM	TO	PURPOSE	MILEAGE			DONATION	
					Miles	£	p	£	p
				Total					

CERTIFICATION: I CERTIFY THAT:

1. The journeys set out on this claim were necessary to enable me to perform my duties as a Volunteer and were so arranged that a minimum of expense were incurred.
2. All premiums due to date on this policy with the company have been paid and it remains in force. The policy covers me for the use of the car detailed above for volunteering purposes and indemnifies Volunteer Centre Derbyshire Dales against third party claims.
3. I am in possession of a valid MOT certificate for the above vehicle if applicable.
4. The statements made in this claim are correct and I have actually incurred expenditure claimed.

OFFICIAL USE ONLY

Approved (Volunteer Co-ordinator)

Name: _____

Date: _____

NAME (CAPITALS): _____ SIGNATURE: _____ DATE: _____

VEHICLE REGISTRATION NUMBER: _____ INSURANCE COMPANY: _____