

| Finance & Resources | |
|---------------------|--|
| Reference: | |
| Activity code: | |
| Nominal code: | |

Volunteer and Rep's Expenses Claim Form

Please return your completed form, along with supporting receipts (copies or images are acceptable), to the Finance & Resources team at oustudents-resources@open.ac.uk. You are required to submit any claims to the office within a maximum period of **4 weeks**. Failure to do this will result in your expenses not being paid.

| Title | Initial(s) | Surname | Role |
|---------------|------------|---------|------|
| | | | |
| Email Address | | | |

If your expense claim relates to a particular meeting or event, please provide details below

| Meeting/Event Name | Date(s) | Venue/Location |
|--------------------|---------|----------------|
| | | |

| Travel Expenses | | | | | |
|---|-----|-------|-------|-----|------|
| Journey from: | | | | | |
| Journey to: | | | | | |
| | Car | Train | Plane | Bus | Taxi |
| Total mileage: | | | | | |
| Driver miles at 41p per mile: | £ | | | | |
| Passenger allowance: 5p per mile for each passenger | £ | | | | |
| Cost: | £ | £ | £ | £ | £ |
| Total travel expenses (A): | £ | | | | |

| Other Expenses | | |
|----------------------------------|-------------|----------|
| Date of Purchase | Description | Cost |
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| Total other expenses (B): | | £ |

| | | |
|------------------------------------|------|---|
| Total travel claim (A) | £ | Please use the space overleaf to explain any unusual / unclear items. Sign this form overleaf and attach receipts in support of your claim. |
| Total other expenses (B) | £ | |
| Sub-total | £ | |
| Less any advance you have received | (£) | |
| Total of your expense claim | £ | |

Please continue overleaf...

I confirm I am claiming for reimbursement of expenses incurred wholly, exclusively and necessarily on Association business, in accordance with the Travel and Subsistence policy.

I confirm my bank details have/have not changed (complete and attach a change of bank details form if changed).

| | |
|------------------------|--|
| Contact Details | Please provide your home address (including postcode) below. This information is needed to check mileage. |
| Home address: | |
| Postcode: | |

Signed by Claimant:.....

Date:

Signed by Budget Holder:.....

Date:

| Explanation |
|--|
| <p>If any aspect of your claim needs further explanation, please use the space below. A clear explanation of all expenses claimed will help us to process them as quickly as possible.</p> |
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