



**SUPPORTING VOLUNTARY ACTION  
EXPENSES RECOMPENSE CLAIM FORM – TRAVEL ONLY**



<b>Name – (print)</b>	
<b>Organisation</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Tel number</b>	

**Reason for Expenses:**

	<b>Detail</b>	<b>Code</b>	<b>Cost £</b>
<b>Travel</b>		50-1000-10	
<b>Mileage Allowance</b>	Miles @ 40p per mile	50-1000 -30	
<b>Accommodation</b>		50-1000-20	
<b>Subsistence</b>		50-1000-20	
<b>Other (please specify)</b>		50-100-20	
<b>Overall Claim Total</b>			<b>£ .....</b>

**I declare that the total expenditure claimed above was incurred solely on SVA business**

*Signature of Claimant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Payment Checked::* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Payment Authorised:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Guidance Notes:**

1. The payment will be made to the voluntary organisation.
2. All receipts to be attached to the claim.
3. Claims must be submitted within 1 month of event/meeting date

**Please attach receipts and return to:**

Mairi Whannel, SCVO, 3rd Floor, Centrum Building, 38 Queen Street, Glasgow, G1 3DX

*For Office use only*

<b>Project No:</b>	40-	<b>P/L Number:</b>		<b>Total Amount:</b>	<b>£</b>
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