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| FIND-YOUR-SENSE-OF-TUMOUR Volunteer expenses form | | | | | | | | | | | | | | | |
| Please complete this form and email to [volunteering@teenagecancertrust.org](mailto:volunteering@teenagecancertrust.org) | | | | | | | | | | | | | | | |
| FULL NAME | |  | | | | | | | | TELEPHONE NUMBER |  | | | | |
| VOLUNTEER MANAGER NAME | |  | | | | | | | | EMAIL ADDRESS |  | | | | |
| EVENT NAME (IF APPLICABLE) | |  | | | | | | | | | | | | | |
| The expenses should be paid into this account: | | | | ACCOUNT NAME: |  | | | | | ACCOUNT NAME: |  | BANK SORT CODE: | |  | |
|  | | | | | | | | | | | | | | | |
| This line to be filled in by the Volunteering team | | | | Nominal code |  | | | | | Cost centre | CVL | | | | |
|  |  | Please attach copies of receipts to your email | | | | | | |  | Mileage is reimbursed at a rate of £0.45 per mile | | | | | |
| DATE OF EXPENSE | | DETAILS OF EXPENSE | | | | | | | | JOURNEY MILEAGE (if applicable) | JOURNEY START POST CODE | JOURNEY END POST CODE | | TOTAL EXPENDITURE | |
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| TOTAL EXPENSE CLAIM: | | | £ | | SIGNATURE: | | |  | | | | | DATED: | |  |
|  | | | | | | | | | | | | | | | |
| EXPENSE AUTHORISED BY: | | |  | | | | | | | | | | DATED: | |  |
| Please write your name on any receipts | | | | | |  | Please contact Teenage Cancer Trust at [volunteering@teenagecancertrust.org](mailto:volunteering@teenagecancertrust.org) if you need help completing this form | | | | | | | | |