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| **Poole Bay Methodist Circuit**  **Volunteer Expenses Claim Form** |  | **Please e-mail back to the Circuit Office at: office.pbmc@gmail.com** |
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| Name: |  | Group volunteering for: |
|  |  |
| Bank Sort Code:  Bank Account Number: |  |

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| Expenses will be reimbursed on production of the relevant receipts. Please remember to keep receipts, bus tickets etc. | | | |
| Date | Item | Cost £ | Code  *for office use only* |
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|  | **TOTAL EXPENSES CLAIMED:** | £ |  |

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| --- | --- | --- |
| I declare that this claim is accurate and incurred during my voluntary role for the above named group. | | |
| Signature: |  | Date: |

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| ***OFFICE USE ONLY***  *Agreed by and date:*  *Amount payable:*  *Paid by and reference:* |