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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:* |