



Volunteer Mileage Form (Parents and Carers)

Full Name of Volunteer: _____

Date	Journey Details (To....From....Via)	Purpose	Miles
		T =Total Miles	
		@ 45p per mile	
		Total Claim	

Submitted by (sig.): _____ Date: _____

Authorised by: _____ Date: _____

IMPORTANT

Volunteers are responsible for notifying their insurers

***For more information, please contact the Volunteer & Training Co-ordinator on
01260 275333.***