

TRAVEL & ACCESS DEPT, LEICESTERSHIRE COUNTY COUNCIL - UNRECORDED WAYS RESEARCH VOLUNTEER EXPENSES CLAIM FORM

Name Bank Acct No. Sort Code.....	Supervisor / Line Manager
Address..... Post code.....	Telephone number..... Email Address.....

Summary of claim				
Details of each individual journey must be detailed below.			£	p
No. of miles	@pence per mile			
Other travel expenses	Details			
LLAF COUNTERSIGNATORIES	SIGNATURE	Total claim		
1)			
2)			

Information
<i>Expenses are to be claimed within 3 months as far as possible. All relevant parking tickets / bus tickets etc are to be attached.</i>
<i>The form must be countersigned by two authorised members of the LLAF</i>
(Admin use only - manager to complete)
COST CODE: L.....000 353 0
Certifying Officer's Signature
Print name.....

I confirm that the vehicle used is covered by the recommended level of insurance, has current road tax, a valid MOT certificate (if applicable) and is in a road worthy condition.
I have not received any recommendation not to drive for any medical or health reason.

BREAKDOWN OF EXPENSES CLAIM

Signed Date

Date	Total time expended	Return journey from / to	Purpose	Means of travel	Mileage if by car	Other travel expenses

UNRECORDED WAYS RESEARCH VOLUNTEER REPORT FORM

DATE OF EXPENSE CLAIM	RESEARCH UNDERTAKEN	FINDINGS	EVIDENCE COLLECTED

ADDITIONAL COMMENT

NAME OF RESEARCHER