Library Services Volunteers
Expenses Claim Form & Record of Hours
Quarter:…….

Title……..Surname…….First Name……..…….

Address……..……

……..

Date	Journey Details	Mileage	Parking/Bus	Hours
	Total miles			
	Total hours			
	Total Parking or Bus (£)			

I certify that the mileage and parking claimed above were incurred for Bath & North East Somerset Council Libraries Volunteer Service:

Signed……

Date……

Certified and approved by the Officer in Charge:

Signed……..……

Library……..…..

Date……..……

Please return your completed form to your nearest library

Bath & North East Somerset Council