



**VP11**  
**Assisting Berkshire Children to read**  
 St. Marks Church Hall  
 94 Cranbury Road  
 Reading  
 Berkshire  
 RG30 2TA

**VOLUNTEER EXPENSE CLAIM FORM**

Please submit claim **1 week before the end of term**. Include your anticipated claim up to the end of term.

**YOUR DETAILS**

Name:		School:	
Address:			
Tel:			
If this is a change of address from your previous claim please put 'x' in this box			

**PERIOD OF CLAIM**

Term (pls delete):	Autumn/Spring/Summer		
Dates from:		To:	
Total number of days worked during the claim period:			

**AMOUNT CLAIMED**

DAILY VEHICLE MILEAGE:		@ 30p per mile x no. of days =	£
(maximum of 10 miles round trip per day)			
<i>OR</i>			
DAILY BUS FARE	£	x no. of days =	£
(please attach bus tickets)			
TRAVEL COST FOR MEETINGS ATTENDED			
Dates of meetings:			£
OTHER ITEMS CLAIMED (please specify and attach original receipts)			£
<b>TOTAL AMOUNT CLAIMED:</b>			<b>£</b>

I confirm that this is a true account of expenses incurred by me	
Signed: <input style="width: 300px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>
If you wish to 'Gift Aid' a donation, please put a 'x' in this box and complete the section overleaf	

<b>FOR FINANCE USE ONLY</b>			
1 <sup>st</sup> signature		Date paid:	
2 <sup>nd</sup> signature		Bank:	
			Cheque no: BACS



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**GIFT AID DECLARATION**

<b>I wish to donate the following amount to ABC to read (registered charity)</b> <b>I want this donation to be treated as a Gift Aid donation</b>	£
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I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008

<b>Signed:</b>	
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**Please notify the charity or CASC if you:**

- **Want to cancel this declaration**
- **Change your name or home address**
- **No longer pay sufficient tax on your income and/or capital gains.**

**If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.**

\*This section is optional. Use it to keep a running record of your visits to school, if you feel it will be helpful when you come to fill in the main form overleaf

	JANUARY		FEBRUARY		MARCH			
	Visit 1	Visit 2	Visit 1	Visit 2	Visit 1	Visit 2	Visit 1	Visit 2
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
<b>Total number of visits this term (include anticipated visits to end of term)</b>								