

PVC Expenses Claim Form

Location Barnardo's Parent Engagement Service 2 nd Floor, King Edward Building 205 Corporation Street Birmingham B4 6SE Telephone: 0121 212 2855 Mobile: 07795121281		Name: Address: Contact No:	
VEHICLE	Reg No:	Make:	Engine Capacity:
TOTAL MILEAGE CLAIMED at 40p/mile			
TOTAL PARKING CLAIMED			
TOTAL OTHER EXPENSES CLAIMED			
TOTAL EXPENSES CLAIMED			

I certify that when using any vehicle(not owned by Barnardo's) the insurance policy covering that vehicle indemnifies Barnardo's in the event of an accident while the vehicle is being used by me in person on Barnardo's business and also that passenger liability and passenger negligence are covered.

The insurers are aware that I am in receipt of vehicle allowance.

Signature of Claimant: _____

Date: _____

Office Use Only

Examined and approved for payment
Signature of Certifying Officer

Date: _____

Authorised for payment by Children's Service Manager

Date: _____

Date/ Hours	To Address	From Address	Meeting/Claim Description	If meeting - Name and Contact details of Meeting Chair	Vehicle Mileage	Parking Expenses	Other Expense	Total Amount Claimed
<i>23/11/10 3hrs</i>	<i>205 Corporation Street, B4 6SE</i>	<i>Home Address</i>	<i>PVC Board Meeting & Child Care</i>	<i>Chairs Full Name Email Address</i>	<i>11</i>	<i>4.00</i>	<i>10.00</i>	<i>18.40</i>
TOTALS:								

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The insurers are aware that I am in receipt of vehicle allowances.

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Date

Examined and approved for payment

Signature of Certifying Officer

.....

Position

Date

Authorised for payment by Children's

Service Manager

.....

Date