

## **EXPENSE CLAIM FORM – 2022**

## CLAIM FOR REIMBURSEMENT OF AUTHORISED EXPENDITURE ON BEHALF OF SiS, TRAVEL, OUT OF POCKET OR MISCELLANEOUS EXPENSES

Samaritans in Spain is operated by Costa Blanca Samaritans which is itself registered with the Generalitat Valenciana as a 100% not-for-profit organisation under CV-01-042952-A and with NIF G54341466.

Please use this form to reclaim <u>all purchases made on behalf of SiS</u>. Separate each type of expense and use one line for each item. A receipt or invoice for each item <u>MUST</u> be attached. For travel expenses, the date and venue should be shown and <u>MUST</u> have a receipt for fuel or travel costs. Total each column and indicate the total being claimed before signature.

DATE	ITEM DESCRIPTION				TYPE OF	EXPENS	E			
DE	FOR TRAVEL CLAIMS – YOU MUST EDUCT THE FIRST 20KM FROM EACH IGLE JOURNEY- THIS IS CLASSED AS A PERSONAL CONTRIBUTION	Mobiles and top- ups	Operations equipment and consumables	Support Services operations and consumables	Training	Vols welfare	Event costs	Marketing	Travel	Other
Volunteer Name		DateI am a Trustee/Manager/\					iteer * cros	s through all t	that do not	apply
WISH TO	DONATE MY EXPENSES	DIREC	TLY BACK	TO SAMARIT	TANS IN	SPAIN -	- YES/N	Ю		
If the answe	er to above is <b>NO</b> then the Expe	nses will l	be paid directl	y into the Volun	teers Nom	ninated ba	nk accoui	nt.		
Total being c	laimed €Volunteer	Signature	<u> </u>							
COUNTERS	SIGNATURE**: I have read this app	lication, ch	ecked all of the o	details and the invoi	ce/s preser	nted with it.				
Countersignature**		Countersignatory Name				Date				
**(for Shop vo	lunteers – Shop Supervisor; for Listene	rs – Listen	er Service Mana	ger or a Trustee: fo	r Shop Sup	ervisors – a	Trustee: fo	r Trustees – a	fellow Trus	stee)

## **EXPENSE CLAIM CONTINUATION SHEET**

DATE	DESCRIPTION	TYPE OF EXPENSE									
	FOR TRAVEL CLAIMS – YOU MUST DEDUCT THE FIRST 20KM FROM EACH SINGLE JOURNEY- THIS IS CLASSED AS A PERSONAL CONTRIBUTION	Mobiles and top- ups	Operations equipment and consumables	Support Services Operations and consumables	Training	Vols welfare	Event costs	Marketing	Travel	Other	
Volunteer Name		DateI am a Trustee/Ma				nager/Volunteer * cross through all that do not apply					
I WISH	I TO DONATE MY EXPENSES D	IRECTL	Y BACK TO	O SAMARITA	ANS IN	SPAIN -	- YES/N	10			
If the an	swer to above is <b>NO</b> then the Expense	es will be	paid directly i	nto the Volunte	ers Nomi	nated bar	nk accour	nt.			
Total bei	ng claimed €Volunteer Si	gnature:									
COUNT	ERSIGNATURE**: I have read this application	ation, check	ed all of the deta	ails and the invoice	e/s presente	ed with it.					
Countersignature**Date											

<sup>\*\*(</sup>for Shop volunteers – Shop Supervisor; for Listeners – Listener Service Manager or a Trustee; for Shop Supervisors – a Trustee; for Trustees – a fellow Trustee)