



EXPENSE CLAIM FORM – WEF 1 JAN 26

CLAIM FOR REIMBURSEMENT OF AUTHORISED EXPENDITURE ON BEHALF OF SiS, TRAVEL, OUT OF POCKET OR MISCELLANEOUS EXPENSES (reviewed December 2025)

Bank:
IBAN:

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 **all purchases made on behalf of SiS**. Separate each type of expense and use one line for each item. A receipt or invoice for each item **MUST** be attached. For travel expenses, the date and venue should be shown and **MUST** have a receipt for fuel or travel costs. Total each column and indicate the total being claimed before signature. **The mileage refund rate is €0.16 per km.**

DATE	ITEM DESCRIPTION	TYPE OF EXPENSE								
	FOR TRAVEL CLAIMS – YOU MUST DEDUCT THE FIRST 10KM FROM EACH JOURNEY CLAIMED- 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 _____ Date _____ I am a Trustee/ Manager/ Volunteer * cross through all that do not apply

I WISH TO DONATE MY EXPENSES DIRECTLY BACK TO SAMARITANS IN SPAIN – YES/NO

If the answer to above is **NO** then the Expenses will be paid directly into the Volunteers Nominated bank account.

Total being claimed € _____ Volunteer Signature: _____

COUNTERSIGNATURE:** I have read this application, checked all of the details and the invoice/s presented with it.

Countersignature** _____ Countersignatory Name _____ Date _____

** (for Shop volunteers – Shop Supervisor; for Listeners – Listener Service Manager or a Trustee; for Shop Supervisors – a Trustee; for Trustees – a fellow Trustee)

EXPENSE CLAIM CONTINUATION SHEET

DATE	DESCRIPTION	TYPE OF EXPENSE								
		Mobiles and top-ups	Operations equipment and consumables	Support Services Operations and consumables	Training	Vols welfare	Event costs	Marketing	Travel	Other
	FOR TRAVEL CLAIMS – YOU MUST DEDUCT THE FIRST 10KM FROM EACH JOURNEY CLAIMED- THIS IS CLASSED AS A PERSONAL CONTRIBUTION									

Volunteer Name _____ Date _____ I am a Trustee/Manager/Volunteer * cross through all that do not apply

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