

# PVC Expenses Claim Form

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

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: \_\_\_\_\_

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

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Position .....

Date .....

Authorised for payment by Children's

Service Manager

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Date .....