

GCVS Expenses Claim Form

If you need help completing this form call 0141 332 2444 (option 2).



Glasgow
Council
for the
Voluntary
Sector

EMPLOYER INFORMATION

| | |
|------------------|--|
| GCVS Project No: | |
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| | |
|----------------|--|
| Employer Name: | |
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EMPLOYEE INFORMATION

| | |
|-------|--|
| Name: | |
|-------|--|

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|-----------|--|
| Position: | |
|-----------|--|

VEHICLE INFORMATION - IF APPLICABLE

| | |
|-------|--|
| Make: | |
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| | |
|--------|--|
| Model: | |
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| | |
|-----|--|
| CC: | |
|-----|--|

| | |
|----------------|--|
| Rate Per Mile: | |
|----------------|--|

| Date | Details of Journey/Claim | No. Of Miles | Mileage Cost | Other Travel Cost | Subsistence | Total Claimed |
|---------------|--------------------------|--------------|--------------|-------------------|-------------|---------------|
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| TOTALS | | | | | | |

EMPLOYEE SIGNATURE

I certify that the number of miles shown have been travelled by me on legitimate business. The amounts claimed are in accordance with the approved allowances.

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|---------|--|
| Signed: | |
|---------|--|

| | |
|-------|--|
| Date: | |
|-------|--|

EMPLOYER SIGNATURE

I agree for GCVS to pay the above total of expenses/mileage to the employee.

| | |
|---------|--|
| Signed: | |
|---------|--|

| | |
|-------|--|
| Date: | |
|-------|--|

| | |
|-----------|--|
| Position: | |
|-----------|--|

Forms which are not signed by both the employee and employer will not be actioned.
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