



APOSTLESHIP OF THE SEA

VOLUNTEER EXPENSE CLAIM FORM

NAME & ADDRESS

DETAILS OF CLAIM (ENSURE RECEIPTS ARE ATTACHED)

PLEASE ENSURE THAT EACH COST CODE USED IS ASSIGNED A DEPARTMENT (S)

CODE	DESCRIPTION	DEPARTMENT (S)	AMOUNT CLAIMED £
7300	Fuel		
7301	Maintenance & Repairs		
7401	Rail / Underground / Ferry		
7402	Taxis		
7403	Car Mileage @ 40p per mile		
7404	Parking & Tolls		
7406	Meals / Hospitality		
7500	Telephone		
7501	Postage & Carriage		
7800	Office Supplies (printer cartridges, A4 paper etc)		
7830	Miscellaneous Expenditure (Please state)		
	Other		
	Other		

TOTAL AMOUNT DUE

DEPARTMENTAL LIST

30	North East Area	37	Bristol Area	102	Pilgrimages
31	Humber Area	38	West & North Wales	103	Parish Contact Promotion
32	Wash & East Anglia	39	Lancashire & Cumbria	141	Training of AOS staff & volunteers
33	Haven Port Area	40	Scotland West Coast	142	AOS conferences (GB & others)
34	Thames Services Area	41	Scotland Forth Centre		
35	Sussex & Hampshire	42	Scotland North East		
36	West Country Area				

PLEASE SEND COMPLETED FORM TO YOUR PORT CHAPLAIN FOR AUTHORISATION

DATE:

Signature

Form checked and signed by AOS Member of Staff

.....
Please Print Name

.....
Signature

PLEASE MAKE CHEQUE PAYABLE TO:

PLEASE PAY BY BANK TRANSFER:

ACCOUNT NO: _____ SORT CODE: _____

Registered Charity No. 1069833

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