



Volunteer Expenses Form

Please use this form for recording **all** expenses you incur whilst volunteering for Down Syndrome Swimming Great Britain (DSS-GB) as per our Expenses Policy.

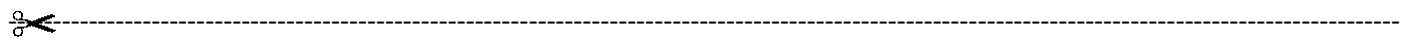
Please email this expenses form together with proof of payment to the Treasurer. Please note that no payments can be made unless the request is accompanied by receipts for the exact amount.

Date	Type of Expense	Amount	Proof (v)

I certify that this is a true record of expenses incurred in carrying out my role as required by Down Syndrome Swimming Great Britain.

Signed _____

Date _____



Total Claimed	
Name on Bank Account	
Sort Code	
Account Number	

