# Volunteer Expenses Claim Form

Please use this form to record agreed expenses that you incur while volunteering for DHT. Please note that:

- Only agreed expenses with Danielle Goodwin will be reimbursed.
- The DHT cannot reimburse agreed expenses without receipts or tickets as proof of purchase. Please attach receipts to this form.
- Please use this form for all claims in one month only.

| Date | Details | Amount |
|---|---|---|
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| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

This claim form represents an accurate account of my expenses.

Name: .....

Signature: .....

Date: .....

Authorised by:

Signature: .....

Date: .....

Cash collected ☐ Cheque sent ☐ Date: .....

DR HADWEN TRUST FOR HUMANE RESEARCH