The Family & Community Group

Name……………………………………………………………………………………………………

Address……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Postcode…………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Date | Information | Description | Hours Volunteered | Amount |
| Monday |  | Food & Travel |  |  |  |
| Tuesday |  | Food & Travel |  |  |  |
| Wednesday |  | Food & Travel |  |  |  |
| Thursday |  | Food & Travel |  |  |  |
| Friday |  | Food & Travel |  |  |  |
| Saturday |  | Food & Travel |  |  |  |
| Sunday |  | Food & Travel |  |  |  |
| Total Expenses |  |

 **Signature of Volunteer**

 **Signature of Supervisor**

 **Signature of Authorising Trustee**

(I authorise that the above amount should be reimburse for expenses incurred)