

Expenses Form

Expenses claim form



Week Ending	
Name	

Home Address:

House name/number	
Address Line 1	
Address Line 2	
Address Line 3	
Postcode	

Site Address:

Address Line 1	
Address Line 2	
Address Line 3	
Postcode	

Agency	
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Date: dd/mm/yyyy	Journey details		Mileage
		Totals	



Name				
		1		
Date: dd/mm/yyyy	Travel (excludes private car)	Net	VAT	Total
	Totals			

For the Daily meal allowance please tick the correct box below

Worked under 10 hours Worked over 10 hours Claim £5.00 per day Claim £10.00 per day

Date: dd/mm/yyyy	Daily meals, overnight accommodation and meals	Net	VAT	Total
	Totals			

For overnight stays you will automatically be allowed £5.00 (£10.00 if you are working outside of the UK) where you have provided receipts.



Date: dd/mm/yyyy	Safety equipment, clothes, tools, telephone calls	Net	VAT	Total
5	Totals			

I declare that the above expenses were incurred wholly, necessarily and exclusively in the execution of my duties as an emplyee of our company name. I fully understand that I am liable for any additional taxation due in the event that the Inland Revenue disputes all or any part of this claim. N.B. This box must be ticked for us to process a claim.