

# PAYCHECK SERVICES LTD

## EXPENSE CLAIM FORM – NO RECEIPTS REQUIRED

<b>NAME:</b>	
--------------	--

<b>START DATE AT CURRENT SITE:</b>	
--	--

### MILEAGE

DATE	DESCRIPTION OF JOURNEY(PLACE NAMES)	MILES	COST/MILE
<b>TOTAL MILEAGE</b>			

<b>SPEEDOMETER START:</b>	<b>SPEEDOMETER FINISH:</b>	<b>VEHICLE REG:</b>	<b>ENGINE CC:</b>
-------------------------------	--------------------------------	---------------------	-------------------

### TOLL & PARKING

DATE	PLACE NAME OF TOLL/ CAR PARK	VALUE IN £
<b>TOTAL:</b>		£

### PERSONAL INCIDENTAL EXPENDITURE (INCURRED FOR STAYING OVERNIGHT UP TO £5)

DATE	DESCRIPTION & NAME OF PLACE INCURRED	VALUE IN £
<b>TOTAL:</b>		£

### DAY SUBSISTENCE (ACTUAL EXPENSE ONLY, AWAY FOR 5 HOURS UP TO £5, 10 HOURS UP TO £10)

DATE	NAME OF HOTEL, B&B, ETC	VALUE IN £

ALTHOUGH RECEIPTS ARE NOT REQUIRED TO CLAIM THIS EXPENSE, ALL RECEIPTS MUST BE RETAINED AS THEY MAY LATER BE REQUESTED BY THE INLAND REVENUE.

<b>TOTAL:</b>	£
---------------	---

<p>I DECLARE THAT THE EXPENSES CLAIMED ABOVE WERE INCURRED WHOLLY AND EXCLUSIVELY FOR THE PERFORMANCE OF MY DUTIES</p> <p><b>DATE:</b> _____</p>	<p><b>SIGNED:</b> _____</p>
--	-----------------------------