

PAYCHECK SERVICES LTD

EXPENSE CLAIM FORM –RECEIPTS REQUIRED

NAME:	
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START DATE AT CURRENT SITE:	
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PUBLIC TRANSPORT

DATE	DESCRIPTION OF JOURNEY (PLACE NAMES)	COST (£)	RECEIPT/TICKET ENCLOSED (Y/N)
TOTAL:		£	

HOTEL AND NIGHT SUBSISTENCE (MAX HOTEL £95, MAX SUBSISTENCE £20 PER NIGHT)

DATE	DESCRIPTION	COST (£)	RECEIPT/TICKET ENCLOSED (Y/N)
TOTAL:		£	

TELEPHONE/ FAX (MUST BE ACCOMPANIED BY AN ITEMISED BILL)

DATE	DESCRIPTION	COST (£)	RECEIPT/TICKET ENCLOSED (Y/N)
TOTAL:		£	

OTHER (PROFESSIONAL SUBSCRIPTIONS, PROTECTIVE CLOTHING, CAR RENTAL)

DATE	DESCRIPTION	COST (£)	RECEIPT/TICKET ENCLOSED (Y/N)
TOTAL:		£	

AS PER INLAND REVENUE REQUIREMENTS, ALL EXPENSES ON THIS FORM MUST BE ACCOMPANIED BY AN ORIGINAL RECEIPT OR TICKET. FAILURE TO PROVIDE THIS WILL RESULT IN YOUR EXPENSES NOT BEING PROCESSED

I DECLARE THAT THE EXPENSES CLAIMED ABOVE WERE INCURRED WHOLLY AND EXCLUSIVELY FOR THE PERFORMANCE OF MY DUTIES DATE:	SIGNED:
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PLEASE SEND ORIGINAL FORM TO PAYCHECK SERVICES LTD
 IF WE DO NOT RECEIVE THE ORIGINAL FORM WITH ORIGINAL RECEIPTS/ TICKETS, THE EXPENSES WILL NOT BE PROCESSED