

EXPENSE FORM

Name

Company Name

SHIFT ALLOWANCE CLAIMS

5 hour shift allowance £5	<input type="text" value="£"/>
Above 5 hours shift allowance - £10	<input type="text" value="£"/>
15 hour shift allowance - £25	<input type="text" value="£"/>
Personal Incidental expenses £10 per night shift	<input type="text" value="£"/>
Washing of work wear Max £10 per week	<input type="text" value="£"/>
Home Office - £6 per week	<input type="text" value="£"/>
Overnight @ £25 per night not to be claimed with shift allowance	<input type="text" value="£"/>

RECEIPTED CLAIMS

Accommodation	<input type="text" value="£"/>
Equipment	<input type="text" value="£"/>
Stationery & Postage	<input type="text" value="£"/>
Training	<input type="text" value="£"/>
Car Hire / Equipment Hire	<input type="text" value="£"/>
Purchase of work wear	<input type="text" value="£"/>
Books & Journals	<input type="text" value="£"/>
Parking	<input type="text" value="£"/>
Other	<input type="text" value="£"/>

MILEAGE LOG

Post codes must be used

Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>
Date	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>	Miles	<input type="text"/>

DECLARATION

All submitted expenses have been incurred wholly, exclusively and necessary in conjunction with performing my duties. I understand that valid receipts must be obtained and retained to support my expense claims. I understand that my receipts may be required for proof of claim.

Your Signature

Total Miles

Mileage Rate (.25/.45ppm)

Total Cost

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

