



CONTRACTOR / TEMPORARY WORKER EXPENSE CLAIM FORM

Workers Name:
Return Date - Week Ending:

ALL RECEIPTS MUST BE ATTACHED AND EXPLAINED - FAILURE TO DO SO WILL RESULT IN YOUR CLAIM BEING RETURNED UNPAID OR TAXED

No.	Date	Details of Expenditure	Hotel	Travel	Parking	Entertainment	Other	VAT	Total Amount	Receipt At
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
		TOTAL								
								Gross £		

I hereby certify that the above expenditure was wholly, exclusively and necessarily incurred while performing company business, and that this form has been prepared in accordance with the company's expenses claim policy. I understand that the claim is subject to audit and that the submission of a false claim is a disciplinary offence

Claimants Signature:
Date:

Approved by:
Date:

For accounts use only

	Cost Code	Value
Hotel		£ -
Travel		£ -
Parking		£ -
Entertainment		£ -
Other		£ -
VAT		£ -
Total Amount		£ -