



EXPENSE CLAIM FORM

Client/Agency Name

Site..... Week Ending

Exchequer Solutions
 Suite 3, The Exchange
 1 St Johns Street
 Chester
 CH1 1DA
 TEL 0844 846 5007
 FAX 0844 846 5008
 E-MAIL expenses@exchequersolutions.co.uk

Vehicle Registration:
 Engine type (diesel / petrol).....
 Engine Size cc.....

This must be completed in full in order for it to be processed correctly. Expense forms must be submitted by midday on a Tuesday following the week worked.

All receipts corresponding to the entries must be attached.
 Please read the accompanying notes to this expense form very carefully.

Day	Start Postcode	Destination	Finish Postcode	Time You Leave Home	Time You Return Home	Business Miles	B&B Amount	Meals Amount	Travel Receipts	Other
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Claimed						@45p*				

* Amend rate per mile as necessary in line with HMRC guidance in your expenses policy.

DECLARATION: I declare that I have read and understood the expenses policy accompanying this expense claim form and I declare that the above expenses were incurred wholly, exclusively and necessarily in the performance of my duties.

Signed: _____

Date: _____

FOR OFFICE USE ONLY
Payroll Number: _____
Mileage Claimed _____
Business Travel _____
Meals _____
B&B Claimed _____
Other/Subs _____
ER _____
NOTES