

# EXPENSES CLAIM FORM

**PLEASE FAX 01233 664981**

Please note that RECEIPTS / INVOICES must be supplied along with the claim form to enable payment to be made.  
Credit Card slips are not receipts and therefore are not acceptable.

**FULL NAME**

**REF NO.**

**Mileage claims. Please use the table below for the appropriate business mileage rate.**

Up to 10,000 miles per Tax Year	40p per mile with receipt
Over 10,000 miles per Tax Year	25p per mile with receipt
Motorcycles	24p per mile
Bicycles	20p per mile

**WK END DATE**

MILEAGE CLAIMS					OTHER EXPENSES					
MAKE	MODEL	REGISTRATION			DATE	DESCRIPTION	PUBLIC TRANSPORT £	TRAVEL AND SUBSISTENCE £	OTHER SUNDRIES £	
You are required to detail the Make, Model and Registration number of your motor vehicle. If you fail to do so the mileage element of this claim will not be processed. Please note that we may require you to produce evidence of ownership. Each mileage claim is subject to verification and if found to be incorrect, may delay your claim being processed.										
DATE	TRAVELLED FROM	TRAVELLED TO	RETURN ?	TOTAL MILES						
Total other expenses claimed					£	-	£	-	£	-
Claimed this year		Total miles this claim		0	<b>TOTAL FOR THIS CLAIM</b> <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>£ -</b> </div>					
Miles this claim		Rate/mile (see table)								
Total miles this year		<b>Total amount claimed</b>		<b>£0.00</b>						

I declare that the above expenses were wholly, exclusively and cessarily incurred in the course of my business and that I am personally liable for any additional income tax resulting from any claim which is subsequently found to have been claimed in error.

**EMPLOYEES SIGNATURE**

**DATE**

**FOR OFFICE USE, CHECKED BY**

If this expenses claim form is unsigned it may delay your payment.