



EXPENSE CLAIM FORM

Client/Agency **Johnson Agency Ltd**

Name Joe Bloggs

Site.....Tesco supermarket - Chester.....

Week Ending 6th June 2010

Exchequer Solutions

Suite 3 The Exchange

1 St John Street

Chester

CH1 1DA

TEL **0844 846 5007**

FAX **0844 846 5008**

Vehicle Registration: AB12 NAS

Engine type (diesel / petrol)...Petrol

Engine Size cc.....1998cc

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 Postcode	Finish Postcode	Time You Leave Home	Time You Return Home	Business Miles	B&B Amount	Meals Amount	Travel Receipt	Other
Monday	WA5 2XH	CH1 1AB	WA5 2XH	7:00am	6:00pm	60	£0	£10	£0	£0
Tuesday	WA5 2XH	CH1 1AB	WA5 2XH	7:00am	6:00pm	60	£0	£10	£0	£0
Wednesday	WA5 2XH	CH1 1AB	WA5 2XH	7:00am	6:00pm	60	£0	£10	£0	£0
Thursday	WA5 2XH	CH1 1AB	WA5 2XH	7:00am	6:00pm	60	£0	£10	£0	£0
Friday	WA5 2XH	CH1 1AB	WA5 2XH	7:00am	4:00pm	60	£0	£5	£0	£0
Saturday										
Sunday										
@45p*										
£135							£0	£45	£0	0

Please enclose train tickets or receipts if you wish them to be included in your expenses.

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: _____