



## 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**

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 midnight on a Monday following the week worked.

All receipts corresponding to the entries must be attached.

Please read the accompanying notes to this expense form very carefully. Please be aware that we will be addressing your SDC status when processing your claim

**If you are unsure about what expenses you can claim please refer to our website for further guidance on SDC and our expenses policy.**

Please only complete this section with information regarding your commute to and from work.

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										
* Amend rate per mile as necessary in line with HMRC guidance in your expenses policy.						@45p*				
Total Claimed										

Please complete this section with information regarding travel between sites.

Day	Start postcode	Location 1 postcode	Location 2 postcode	Location 3 postcode	Location 4 postcode	Location 5 postcode	Location 6 postcode	Business Miles
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
* Amend rate per mile as necessary in line with HMRC guidance in your expenses policy.								@45p*
Total Claimed								

**FOR OFFICE USE ONLY**

Payroll Number: \_\_\_\_\_

Mileage Claimed \_\_\_\_\_

Home to Temporary Workplace mileage \_\_\_\_\_

Mileage between temporary workplaces \_\_\_\_\_

Meals \_\_\_\_\_

B&B Claimed \_\_\_\_\_

Other/Subs \_\_\_\_\_

ER \_\_\_\_\_

NOTES

**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: \_\_\_\_\_