



Expense Claim Form

Employee Name:

Week Ending:

Subsistence Claim	Example	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time of Departure	6.30am							
Time Returned home	5.30pm							
5-10 Hours £7 per day								
10+-13Hours £15 per day	£15							
13+ Hours £22 per day								
Total Subsistence Claim Value £								0

Appropriate mileage claim:

Car: 45p per mile up to 10,000 per tax year

Motorcycle 24 per mile

Tick as appropriate*

Car 25p per mile over 10,000 per tax year

Bicycle 20p per mile

Diesel

Petrol

Mileage Claim	Example	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Post Code (From)	BD16 4JA							
Postcode (Destination)	HU1 6AA							
Miles	142							
Total £	63.9							
Car Make:		Car Reg:				Total £		
Car Model:		Engine Size:						

Other Expenses	Description	Total
Public Transport		
Accommodation:		
Other:		
Other:		
Other:		
Other:		
Total £		

Total expense claim Value: £

NB. All claims to be supported by receipted bills or invoices where applicable.

I confirm I have read and understood the company expense policy, I hereby confirm that all the expenses claimed Have been incurred wholly, exclusively & necessarily for the purpose of carrying out my duties, I hereby confirm that I have not been working at the same workplace for more than 24 months, nor that is expected to last for more than 24 months

Signed:

Date:

Paramount Solutions Limited

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YOU CAN RETURN THIS FORM BY POST, EMAIL, OR FAX

