

CONTRACTOR EXPENSE FORM

Expense forms must be approved by an authorised signatory and received at Fuel Recruitment by 12.00pm Monday following the week worked to ensure payment. Following current legislation, in order for us to reimburse your business mileage, original VAT receipts must also be provided for fuel expenses.

Fax Number: 01926 487488

Contractor Name			Client Name			Week Ending Date (Sunday)		
	Mileage @ ppm	Other Travel	Parkin g	Accommodat ion	Subsisten ce	Allowan ce	Other	Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTALS								
Contractors Signature			Client Signature			Client Name (Block Capitals)		
						Client Pos	ition (Blo	ck
I confirm that the days/hours shown above in			l confirm	n that the hours shown a	ahova in the Totals	Capitals)	oiced	

I confirm that the days/hours shown above in the Totals box are an accurate record of the days/hours I have worked. I confirm that the hours shown above in the Totals box shall be invoiced to my Company in accordance with the Terms and Conditions of Fuel Recruitment Ltd.