

# Expenses Claim Form - Receipted Items

<b>NAME:</b>	<b>CRYSTAL CLEAR CONTRACT SERVICES LTD</b>		
<b>ADDRESS:</b>	Suite 2, 2nd Floor, 75 Lever Street, Manchester. M1 1FL		
<b>AGENCY:</b>	Tel: 0161 871 8960		<b>CCCS</b> 
<b>DATE:</b>	Email: expenses@crystalclearcs.co.uk		

1	2	3	4	5	6	7	8	9	10	11	12
Date	Description of Business Journey <small>(From and To)</small>	Other Travel Costs <small>£</small>	Overnight Accommodation <small>£</small>	Tools, Safety Equipment etc <small>£</small>	PPE & Laundry <small>£</small>	Training Courses <small>£</small>	Professional Fees <small>£</small>	Telephone <small>£</small>	Sundry Expenses <small>£</small>	Description of Sundry Expenses	<b>TOTAL</b>
<b>Amount Claimed</b>											

I confirm that the expenses have been incurred wholly, necessarily and exclusively in the performance of my duties. I have read and understood the expenses policy to which this claim relates. I confirm that I am responsible for the accuracy of each claim and confirm that this claim is correct and complete. I do not intend this to be my final assignment working for Crystal Clear and I do not believe that I will be working at my current work location for a period exceeding 24 months. I have attached receipts in respect of all items claimed for.

SIGNED \_\_\_\_\_

Authorised by Crystal Clear Contract Services Ltd

SIGNED  
DATED

Approved by Crystal Clear Contract Services Ltd

SIGNED  
DATED