



EXPENSE CLAIM FORM

ABOUT YOU

Full name _____

Agency name _____

Employee number _____

Week ending date (Sunday) _____

DETAILS OF ASSIGNMENT

Assignment _____

Is this a new assignment? _____

Assignment location _____

Is your new assignment location 10 miles from your last assignment _____

ABOUT THE VEHICLE USED FOR BUSINESS MILEAGE

Vehicle registration No _____ Vehicle model _____

Vehicle make _____ Engine size _____

SUBSISTENCE AND MILEAGE

DAY	HOME POSTCODE	WORK POSTCODE	RETURN		TOTAL MILES CLAIMED	SUBSISTENCE		
			YES	NO		BREAKFAST	LUNCH	DINNER
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL								

Please refer to <http://www.hmrc.gov.uk/manuals/eimanual/eim32080.htm> for details on claiming expenses and the 24 month rule.

TOTAL

DETAILS OF OTHER EXPENSES CLAIMS SUPPORTED BY RECEIPTS

DAY	DESCRIPTION (public transport, accomodation, parking, professional fees, replacement tools, protective clothing or other)	TOTAL
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
TOTAL		

IMPORTANT

Expense form to be returned by 5.30pm on a Tuesday

Please send by e-mail to: payroll@zebragroup.co.uk or Fax to: 0845 838 0605

GRAND TOTAL

SIGNATURE

SIGN HERE

I declare that the above expenses are wholly, exclusively and necessarily incurred in the course of AZebra business. I have attached receipts for claimswere necessary. I agree to send in VAT Petrol Receipts to support my mileage claim.