

fuel.

Expenses Claim Form & Mileage Log

FAX to: 0845 604 0573

Post (with Receipts) to: FREEPOST, Recruitment & Contractor Services

Scan & EMail to: expenses@racsgroup.com

Full Name Reference:				Week Ending Date (Friday)	DD / MM / YYYY
Contact Phone	No.			Car Type	Personal / Company
PERSONAL V	EHICLE DETAILS -	- (HMRC require details of	any vehicle u	sed for 'Business Purp	oses' – please complete below)
Vehicle Make		Registrat	ion No		_
Vehicle Model		Petrol / Diesel / LPG			Engine Size (CC)
MILEAGE LOG – (Please supply relevant	VAT Petrol Receipts - Com	pany Cars car	nnot claim mileage on (cost of fuel)
Date of Journey	Assignment Location	Journey Start Posto	ode Joi	urney End Postcode	Total Business Miles Claimed
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
		Total Miles Carry For	ward to Mil	eage Summary belo	ow A
EXPENSES – (Lu	ınch, Bus Fares, Taxi Fa	res, Accommodation, Subs	istence etcS	upported by VAT Rece	ipts where possible)
Date	Details of Expenses Claimed				Total (£)
	Total Expenses Claimed (£)) В
Mileage Su	ımmary (from Mil		· ·		<u>′ </u>
Total Miles	A @ _	Pence per mile	Total M	ilege Claimed (£)	С
	= :	hat you submit a VAT receipt who or what can and cannot be claime	- ·	ms for milage not accompan	ied by a completed Milage Log will
		Co	mbined T	otals Claimed (£	= B + C
Form is true and	accurate, wholly and exclusion	information provided on this Exp sively in the performance of n	pense Claim ny business		`L
confirm that I hol business travel wh where I have claim equal or greater va	d a valid and current driving ere mileage has been claim ed for items without receipt lue and accept that these ar	expenses claims where applicable in glicence and am adequately ed & this is my own vehicle. First, I can confirm that I did incurve approved HMRC scale rate iter iter in the control of t	insured for urthermore, this cost of ms. Where I	S	IGN HERE