EXPENSES CLAIM FORM



30 Overpool Road, Ellesmere Port, Cheshire, CH66 1JN Tel: 0870 863 8868 Fax: 0870 863 8869

www.nisiservices.com Email: admin@nisiservices.com

FULL NAME:			CL	CLAIM DATE:				
Mileage claims, please use the tab Up to 10,000 miles per Tax Year Over 10,000 miles per Tax Year Make and model of vehicle		40p per	appropriate busine mile with receipt mile with receipt		rate. Motorcycles Bicycles istration number	24p per mile 20p per mile		
Date	Travelled from Town/ Postcode		Travelled to Town/ Postcode		Mileage	Rate claimed		

Total Mileage	
At 40p per mile	f
At 25p per mile	£

Subsistence Allowances (Tick the week day boxes that apply)

Work period	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
More than 5 hrs per day								
More than 10 hrs per day								
*Overnight								

*Original receipts must accompany overnight claims.

Receipts must be kept on all expenses.

Other Expenses	Details	Total
Phone		
Travel		
Incidental Expenses		
Other		

Declaration

Signed

TOTAL CLAIM FOR THIS FORM

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I declare that the above expenses were incurred wholly, necessarily and exclusively in the employment of Nisi Employment Services Ltd, I am personally liable for any additional income taxes resulting from any claim which in subsequently found to have been claimed in error.

	Date	
Approved By		Date Paid