## **EXPENSES CLAIM FORM**

Fax expenses to : **01252 863 701** 



	o : expenses@epayme.co.uk o : Alba House, Mulberry Business	Park. Fishponds	s Road. Wokingh	am. Berkshir	e. RG41 2	2GY	JEG HONG	
Full Legal Name				a, 20o	o,			
PayMe Ref. No.								
Contact Phone I	No							
Contract Start D	Oate		0 Marie 100 Marie 100 Marie 1000 Marie 100 Mar					
A bit about	the assignment							
Is this someth	ning new ? - (Is this a new assignment or contr	ract) \	/es $\square$ no $\square$	Agency Na	me ?	******************************		
	further ? - (Do you have to travel further then y	,	Assignment ? Week Ending ? Pay Frequency ?					
	different? - (Is your journey different to your p	,						
is the journey	r different to your journey different to your p	orevious assignment)				****************		
Travel (HMRC req	quire information on vehicles being used for business us	se)						
Vehicle Make	Re	gistration No.			Vehicle Type			
Vehicle Mode	el Pe	trol/Diesel/LPG			Size of Vehicle Engine			
The amount	t of mileage travelled (please	include a VAT receipt for	the purpose of ePayMe o	or HM Revenue & C				
Date of	Name & Location of	Home	Assignment	Time y	-	Time you	Business	
Travel	Assignment	Postcode	Postcode	Leave Home		Arrive Home	Miles Claimed	
day one								
day two								
day three								
day four								
day five								
day six								
day seven								
_	an claim on mileage		Total a	mount of bu	siness m	iles travelled		
Car (before 10,000 miles per tax year)         0.45p           Car (after 10,000 miles per tax year)         0.25p		VEHICLE ALLOWANCE   D X			MILEAGE = Total (£)			
Motorbike Bicycle	0.24p 0.20p	VE1110EE 7	P					
	(including - food, travel excluding mileage, accomod	lation subsistance etc	these are required to be	supported by recein	te whore requi	ired )		
	Expenses	adon, subsistence etc.	Addition		to where regain	lea	Amount (£)	
Breakfast - // ea	aving home before 6am on an irregular basis only)	Number of Days				@£5.00	7 (1110ant (2)	
	eal - work over 5 hours)	Number of Days				@ £5.00		
	Nork over 10 hours- this includes lunch allowance)	Number of Days				@ £10.00		
Late Evening	(Finishing work after 8pm on an  Meal - irregular basis only)	Number of Days				@ £15.00		
Home Office		Weekly Allowance				@ £4.00 p/w		
Additional Re	ceipted Expenses							
				Total	expense	es claimed (£)	£	
F- 4 - 1			RECEIPTE	D c		_ Total (C	c	
Total expens		p	* EXPENSE	S		= Total (£)	t	
	ting this form you declare that the details are corre orker intending to complete multiple assignments,							
	ms or ePayMe spot audit. You remain personally lia ther be declined or delayed in being processed.	able for any underpayn	nent of TAX or NI resulti	ng from an invalid	claim. Claims	s submitted without a	signed or fully complete	
	2 0,	SIGNATURE				DATE		