

Mileage & Expenses Claim Form

We are unable to process expense/mileage forms unless all sections are completed and signed by a manager/authorised signatory. Incomplete or illegible forms will be rejected which will delay payment.

Please return with your signed timesheet attaching or photocopy receipts (i.e. car parking tickets).

Your name	
Client's name	
Organisation's mileage rate	

Date	Description	Miles	Rate	Amount

I confirm that the above claim is a valid and necessary expense incurred in the undertaking of the agency workers duties. The authorisation of this claim will constitute the raising of an irreversible invoice for payment in accordance with our terms of business.

Manager's name	
Manager's Signature	
Date	