

Contractor Expense Claim Form



Mileage Log			
Date	From	To	Total Miles

(£0.45 ppm for the first 10,000 miles. **TOTAL MILES** _____
 £0.25 ppm for any mileage in excess of 10,000 miles.) **45ppm / 25ppm** _____
 £ _____

Non- Receipted Claims	
Unusual early start (before 6am) @ £5.00	
1 Meal (5 hour shift) @ £5.00	
2 Meals (10 hour shift) @ £10.00	
Unusual late finish (after 8pm) @ £15.00	
Telephone (pre-pay max £10.00 per week)	
Washing of work wear (max £10.00 per week)	
Home Office @ £6.00 per week	
Overnight @ £25.00 per night	
Personal Incidental Expenses @ £5.00 per overnight	
Accountancy Fee (includes Insurance)	

Receipted Claims	
Accommodation	
Equipment	
Stationery & Postage	
Training	
Car Hire / Equipment Hire	
Purchase of work wear	
Books & Journals	
Parking	
Toll Bridges	
Other	

Contractor Name: _____

Company Name: _____

Agency/Client: _____

Week Ending: _____ / _____ / _____

Declaration:
 The above expenses have been incurred wholly in conjunction with performing my duties. I understand that without providing valid receipts, my expenses will not be processed and the amount will be reversed.

Signed: _____

Date: _____ / _____ / _____

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Think Ahead



Institute of Financial Accountants
 Practising Certificate Holder



FEDERATION OF TAX ADVISERS