BITE CONSULTING LTD

EXPENSES CLAIM FORM

Name: Date: ___/___/___ Week No.____

Expenses claimed for W/E: ___/___/___

SECTION 1: OFFICE EXPENSES - Please complete as fully as possible.

DATE	ITEM DETAILS	RECEIPT NUMBER	AMOUNT (£)
		TOTAL (£)	

SECTION 2: CAR EXPENSES - For petrol, maintenance and mileage.

DATE	ITEM DETAILS	RECEIPT NUMBER	AMOUNT (£)
		EXPENSES TOTAL (£)	
	Mileage @ ___p per mile =	**MILEAGE TOTAL (£)**	
	car type & registration no:		
		TOTAL (£)	

TOTAL EXPENSES FOR BOTH SECTIONS: **£**_____

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AUTHORISED BY: DATE:

PAID BY: CASH/CHEQUE NO.: DATE: