

CONTRACTOR / TEMPORARY WORKER MILEAGE and EXPENSE CLAIM FORM

Once claim is authorised, please post to Hays Specialist Recruitment, Hays House, 4 St Georges Square, New Malden, KT3 4JQ

Client Name _____
 Invoice Address _____

These fields must be filled in by worker	
Worker's Name: _____	
Worker No. _____	DOB: _____
Return Date -Week Ending \ \	

ALL RECEIPTS MUST BE ATTACHED AND EXPLAINED - FAILURE TO DO SO WILL RESULT IN YOUR CLAIM BEING RETURNED UNPAID OR TAXED

Receipt / Journey No	Date	Mileage Claim				Receipts Required				Description of costs/Purpose of journey	
		Business Miles	Journey From	To	Returning to	Parking	Travel/ Subsist	Hotel / Lodging	Other Expenses		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
		Total Business Mileage		Pence per Mile		Total Mileage Claim £				Gross £	
										VAT £	
										Net £	For Hays use only

Total business mileage for tax year to 5th April 2011	
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Confirm claim amount in words _____

We suggest you retain a copy of this expense form and relevant receipts. Please staple all receipts to this form

Claimant's Signature _____
 Name of Contractors Ltd Co _____

TO BE COMPLETED BY THE CLIENT	I hereby certify that I have checked this claim and the receipts are attached. I also accept that these expenses will be charged by Hays Specialist Recruitment Ltd to the Client set out above
Purchase Order No _____	Client's Signature _____
Client Cost Code _____	Print Name _____