

CANDIDATE EXPENSE CLAIM FORM



CANDIDATE NAME		CLIENT NAME	
DATE		SITE NAME	

Failure to complete this form correctly will result in your claim being rejected.

MILEAGE

	Date Incurred [DD-MM-YYYY]	REASON FOR JOURNEY	FROM [POST CODE]	TO [POST CODE]	TOTAL MILES	MILEAGE RATE	TOTAL
1							
2							
3							
4							
5							
6							
7							
						TOTAL MILEAGE CLAIM	

<u>Useful Information</u>
1) Expenses must be agreed in advance by your hiring manager
2) All non mileage expenses must be backed up by a receipt and submitted with this form
3) Deadline for receipt of this form is 11 am on Monday, the same as the timesheet deadline
4) Mileage claims and travel expenses from home to work and visa versa are not claimable
5) Please ensure that all information given on this form is accurate and completed in full
6) Delays in payment will occur if you don't provide receipts
7) Even if the client has signed this form and you don't send along the receipts this form will be rejected

OTHER EXPENSES

	Date Incurred [DD-MM-YYYY]	PARKING £	Accommodation £	Travel Allowance	Goods/Materials	Other	Amount Claimed	
1								
2								
3								
4								
5								
						TOTAL OTHER EXPENSES		
							GRAND TOTAL MILEAGE AND OTHER EXPENSES	#VALUE!

Notice to client your signature authorises Fawkes and Reece to invoice your company for the total expenses claimed on this form. By signing this expense claim form you certify that the claim above is a correct record of the expenses incurred by the contractor and understand that these expenses will be invoice and should be paid in accordance to the Fawkes and Reece terms of business which you have received and accepted. Upon receipt of an invoice for this expense claim form, a period of 7 days is given to notify Fawkes and Reece of any discrepancies

Candidate Signature		Client Signature	
Date		Print Name	
		Date	