



ACCOUNTANTS

Expense Claim form

Mileage Log

Date	From	To	Miles

Contractor Name: _____

Company Name: _____

Agency/Client: _____

Week Ending: _____ / ____ / ____

Signed: _____

E-mail invoices/hours/rates to processing@dmpaccountants.com
E-mail expenses to expenses@dmpaccountants.com

Total Miles: _____

45ppm/25ppm _____

£ _____

DECLARATION

The above travel 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.

DATE: _____

Non- Receipted Claims

Lunches / Breakfast @ £7.50 per day	
Meals after 8pm @ £15.00	
Washing of work wear (MAX £10 per week)	
Home Office @ £4.00 per week	
Overnight @ £25.00 per night	
Personal Incidental expenses @ £5.00 per overnight	
Toll Bridges	

Receipted Claims

Telephone (Pre-pay max £10 per week)	
Accommodation	
Equipment	
Stationery & Postage	
Training	
Car Hire / Equipment Hire	
Purchase of work wear	
Books & Journals	
Parking	
Other	