KENT TOP TEMPS LTD

PAYMENT OF MILEAGE AND EXPENSES

SECTION 1: YOUR DETAILS

USER TYPE CASUAL / LEASE CAR USER

NAME

FULL HOME ADDRESS

EMPLOYEE NUMBER

CAREWORKERS **ADMIN**

CUSTOMER

DEPARTMENT / DIRECTORATE

SECTION 2: VEHICLE DETAILS

REGISTRATION NO.
(Lease car user only)

CUBIC CAPACITY

SECTION 3: CLAIM DATES

DATE FROM **DATE TO**

SECTION 4a: TRAVEL

MILEAGE **Please attached petrol VAT receipt**

SECTION 4b: EXPENSES

CAR PARKING
FARES
TOLLS
TELEPHONE LINE
TELEPHONE CALLS
OTHERS

GROSS AMOUNT

Please attach receipts

SECTION 5: AUTHORISATION

CLAIMANT - ***I hold a current, valid, driving licence; my vehicle is insured for business use, and it has an MOT (if applicable).***

AUTHORISER

SIGNATURE
PRINT NAME
DATE
DESIGNATION

PLEASE ENSURE THAT ALL EXPENSES ARE HANDED IN TO KENT TOP TEMPS LTD BY THE 9TH OF THE MONTH

Date	Details of journey	Purpose of journey and passengers	Other Expenses	Fares	Actual business miles travelled	Business miles to be paid (non taxable)	Taxable miles to be paid

In signing the front of this form, I declare that I have made the journey's specified and incurred the expenses claimed. I understand that public transport must be used wherever possible.