## All claims for expenses need to be sent to us no later that <u>Tuesday @ 12.00 Noon</u> to ensure payment

## **FAIRGATE CONSTRUCTION SERVICES**

FAX: 0121 707 8354
Fax: 0121 6630764
Expenses Forms

Please ensure that all information is completed correctly, i.e. <u>NAME, AGENCY</u>, forms which have not been duly completed, will NOT be accepted.

## (NAME):

(AGENCY):

(AGENCI):				
DATE	DESTINATION AND REASON FOR JOURNEY	MILES CLAIMED	MILES CLAIMED TO DATE	

U	se	of	pri	vate	car	on	ly:
---	----	----	-----	------	-----	----	-----

Model:

MILES CLAIMED:	MILES CLAIMED TO DATE:
First 10,000 Miles	10,000 Miles Plus

First 10,000 Miles	10,000 Miles Plus	
40p	25p	

- Expenses associated with travelling to or working at a site are allowable for up to 24 months at one site
  provided you do not expect to be at that site for more that 24 months.
  - Expenses will only be accepted for the above categories.

    All original receipts need to be attached to each claim form. Photocopies are not acceptable.

**C.C.:** 

Date	Expenses	Total for Week	
	Tools / Clothing =		
	Accommodation =		
	Food =		
	Parking / Toll Roads =		
	Travel =		
	Total Expenses =		

D 1	
I Jeci	aration

I confirm that all the above expenses are correct and true, that they were all incurred during th
performance of my duties as an employee of

Signed:	Date:

Make: