



EXPENSES FORM

Consultant _____

Period Ending _____

Travel Expenses

All figures GBP

Date	Travel to/from Reason	Method of Transport <i>If car quote mileage & rate</i>	Receipt	Net	VAT	Total
Total Travel Expenses Claimed						

All other Expenses e.g. parking, subsistence, hotel, telephone bills

Date	Description	Receipt	Net	VAT	Total
Total Other Expenses Claimed					
TOTAL CLAIMED					

Please note all expenses must be cleared in advance by authorised Client manager and must be in line with Client travel & expenses policy. Please provide receipts for all expenses other than mileage.

Client's Confirmation

I confirm that the total of expenses shown above shall be invoiced to my Company at the agreed rate.

Signature _____

Name _____

Position _____

Date _____

Company _____

Consultant's Confirmation

I confirm that this is an accurate record of my expenses.

Signature _____

Please fax a copy with receipts to 01737 778950 or email to timesheets@reflexgroup.co.uk.

Copies for Client and Consultant.