

# ONTIME-

## EXPENSES FORM



Name: _____	Occupation: _____
Site: _____	Agency / Client: _____
Week Ending Date of Claim: _____	

### MOTOR EXPENSES

For travel to and from your workplace/accommodation using your own transport.

### MILEAGE CLAIM

Make of Car / Bike	Model	Engine Capacity CC's	Fuel Type	Registration	Current Mileage

Date	Travel From – To	Passenger Name (If applicable)	Miles Travelled (including return trip)
Total			

### TRAVEL EXPENSES

For travel from home to workplace made by public transport and bicycle.

Date	Travel From – To	Transport Taken	Miles / Value £
Total			





### SUBSISTENCE

For food and non-alcoholic drink purchased whilst away from your main residence during the working day.

**One Meal (5 hour) rate/Two Meal (10 hour) rate** - The rate may be paid where the employee has been undertaking qualifying travel of at least 5 or 10 hours respectively, and has incurred the cost of a meal or meals. Receipts required.

**Actual** - Please insert your actual expenditure amount for reimbursement. Receipts required.

Type of Claim	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
£5 Claim							
£10 Claim							
Actual							
Total Expense							

### ACCOMMODATION EXPENSES

If the assigned work takes you away from your normal permanent address due to the workplace, you are allowed to claim the full cost of hotel or guest house stays along with meals taken, including one alcoholic drink. VAT receipts are required.

Dates of Stay	Name of Hotel, Guest House etc	Location	Value £ (including meals/drinks)
Total Expense			

### OTHER BUSINESS EXPENSES

Legitimate work expenses e.g. PPE, training courses. All must be supported with an original VAT receipt.

Date	Supplier Name	Type of Expense	Value £
Total Expense			

### DECLARATION

I certify that:

- The claim for travel and subsistence is in respect of necessary journeys undertaken in the performance of the duties of the employment and travel to temporary workplaces.
- Where the meal allowance has been claimed I have both purchased a meal or meals and retained documentary evidence for production, if requested, in support of the claim.
- The claim in respect of 'other expenses' relates to expenditure that I have incurred wholly, exclusively and necessarily in the performance of the duties of the employment. Supporting documentation is enclosed.
- I expect that I will continue to be employed by Ontime Business Services Ltd at various, temporary locations. Attendance on each assignment will not last more than 24 months.
- The expenses claimed have been incurred by myself and the claim is correct in all respects.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_