# Expense Claim Form

Approved by:

| | |
|---|---|
| Name: | |
| Department: | |

| Date | Expense Description | Vendor/Merchant | Net | VAT | Total |
|---|---|---|---|---|---|
| | | | | | £0.00 |
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| | | Total | | | £0.00 |

MILEAGE EXPENSES

| Date | Place/Company To | From | Reason | Total Miles | Total Amount |
|---|---|---|---|---|---|
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| | | | | | |
| | | | | | |
| | | Total | | | 0 |

I confirm that all expenses claimed have been incurred in the performance of my duties. I understand that my claims will only be processed once they have been verified, and all the necessary receipts have been submitted.

**Reclaim:** £0.00

**Signed:** **Date:**

Submit form to Finance Dept, Fencross Management Solutions Ltd, Rainham House, New Road, Rainham, Essex RM13 8RA