EXPENSE CLAIM FORM - ESSEX WATERWAYS LTD

Name:	Office or Committee:	Date:

Date	Details of Claim, travel from / to, nature of business, etc.	Mileage rate	Car Miles	Amount Claimed	Bookkeeping Code
	Mileage claim rate		0	£ -	
	TOTAL OF CLAIM			£ -	See over/below for guidance

I certify that all these expenses were wholly and exclusively incurred for the business of Essex Waterways Ltd. I further certify that for any claim in respect of use of a motor vehicle, other than one owned by the company, I am able to produce on request a valid and up-to-date driving licence, valid insurance and a current MOT Certificate (where required)

Signed:

Please return this form to the relevant expense authoriser/budget holder.

Payment Authorisation

Budget Holder:

Head Office checks:

ESSEX WATERWAYS LIMITED

Please enter Engine size of vehicle and type of fuel used for VAT reclaim purposes

ENGINE SIZE.....Petrol/Diesel

PLEASE ENSURE ALL RECEIPTS INCLUDING FUEL VAT RECEIPTS ARE STAPLED TO THE BACK OF THE FORM.