**Casual Workers Expenses Claim Form**

Please complete the form below, once signed by your supervisor please submit to the SU with your timesheet. All expenses MUST be supported with a receipt which clearly shows what has been purchased.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed \_\_/\_\_/\_\_\_\_

**Section A Mileage**

Please Delete CAR/MOTORBIKE/CYCLE Reg No \_\_\_\_\_\_\_\_\_\_\_\_

(Agreed rates – Car £0.45 per mile, Motorbike £0.24 per mile, Cycle £0.20 per mile)

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| --- | --- | --- | --- | --- | --- |
| Date | From | To | Reason | Distance | Cost  |
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| Total cost for mileage. |  |

**Section B Subsistence and incurred expenses.**

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| --- | --- | --- | --- |
| Date | Supplier | Description | Amount |
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| Total incurred expenses. |  |

**Total Claimed \_\_\_\_\_\_**

**The above expenses have been incurred exclusively in my role as \_\_\_\_\_\_\_\_\_\_\_.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor – I agree that the \_\_\_\_\_\_\_\_\_\_\_\_\_ department has checked and accept these expenses.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**