

## Contractor Expense Claim Form



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### Contractor Details

TO BE COMPLETED IN BLACK AND CAPITALS

Name	<input style="width: 90%;" type="text"/>	Period Covered	<input style="width: 90%;" type="text"/>
Address or Ltd	<input style="width: 90%;" type="text"/>	Ltd Company (Y/N)	<input style="width: 90%;" type="text"/>
Company	<input style="width: 90%;" type="text"/>	VAT registered (Y/N)	<input style="width: 90%;" type="text"/>
Signature	<input style="width: 90%;" type="text"/>	VAT Number (if applicable)	<input style="width: 90%;" type="text"/>

### Payment Details

Date	Receipt Number	Reason For and Description of Expenditure	Exchange Rate	Car Mileage		Expenditure		
				Miles	Rate	Net Cost	VAT	Total
	1							0.00
	2							0.00
	3							0.00
	4							0.00
	5							0.00
	6							0.00
	7							0.00
	8							0.00
	9							0.00
	10							0.00
<b>TOTALS</b>								

### Client Details

I certify that the expenses listed on this form have been incurred by the Contractor in the course of their contract with ourselves. The amount shown will be invoiced which will be paid in accordance with the payment terms agreed between our companies.

Company  
Site  
Date

<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

Representative  
Position  
Signature

<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

**Notes:** Expenses must specify the currency and exchange rate in the description if not in £ Sterling (GBP)  
Receipts or copies of receipts must be numbered and accompany this claim form for all items  
Please ensure your name is on each page of receipts  
Expense claims not accompanied by receipts will not be paid

**PLEASE EMAIL COMPLETED FORM TO: [TIMESHEETS@LIGHTSOURCEPEOPLE.COM](mailto:TIMESHEETS@LIGHTSOURCEPEOPLE.COM)**

**Receipts attached**

Number of  
Pages