

TIME AND EXPENSES CLAIM FORM



Project Name
Team Member:
Week Beginning Monday:

Dis-Chem

I. Time:

Activity	Project	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Billable Hours: (Detail of Tasks)									
									0,0
									0,0
									0,0
									0,0
									0,0
									0,0
									0,0
									0,0
									0,0
Total Billable Hours :		0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

II. Billable Travel and Expenses :

Billable Km: (Non-Vatable)							
Date dd/mm/ccyy	Distance Km	From	To / From	To	ODO start	ODO finish	Reason
Total Billable Km's	0	Rate		R	-		

Gautrain: (Non-Vatable)							
Date dd/mm/ccyy	Gautrain expenses	From	To / From	To	Parking		Reason
Total Billable expenses	0				0	R	-

General Vatable Expenses:				
Date dd/mm/ccyy	Description	Amount	Total	Reason
			R -	
			R -	
			R -	
			R -	
Total (Including VAT):			R -	
Total (Excluding VAT):			R -	
VAT Amount :			R -	

General Reimbursable Non-Vatable Expenses (e.g. overnight allowance):			
Date dd/mm/ccyy	Description	Amount	Reason
Total:		R -	

TOTAL Non-Vatable :	R	-
TOTAL Vatable (Excl VAT) :	R	-
TOTAL VAT :	R	-
GRAND TOTAL :	R	-

Approval : _____
Project Manager Date