

## WEEKLY EXPENSE CLAIM – OWN VEHICLE

## PERMANENT / CASUAL

(Please delete as appropriate)

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Ve	hic	le I	Make 8	Model:					Fuel Ty	pe:				_ Er	ngir	e Size:				Home P	ostcod	le:				Ш		
																				Sundry	/ Expense	es						
	Date		Job N	lo Start	Point	Destination		Fotal ileage	No in Car	Rate/ Miles		Fuel C	claim £	Α		Parking £		Fares Tolls		Phone £	O/Night All'ce £		er (Detail)	s	undry E	Total Expens		n
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Pleas	e use	Post	RECOF		Indicate th	ne route taken (wl	nich will	be checke	ed). If you c	ollect and	drop o	off passe	engers	s, you	must	enter the via	details	s for b	oth oı	utward and ret	urn journey	/s. Full d	etails includ	ding jo	ob No. n	nust be	given	to
allow payment. <b>DATE</b>		I	DAY JOB N		IO. START		FINISH		VIA		VIA			VIA		VIA			VIA		VIA		VIA	IA VI		VIA		

- a. I shall maintain my vehicle in an efficient and road worthy condition at all times
  b. I am fully insured to use the vehicle for Company Business
  c. I hold a full driving license and have not been disqualified from driving
  d. I certify the expenses on this claim are those which I have necessarily incurred on behalf of my employer

Qi.	ned	Data	Checked	Authorised	
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