

EXPENSE CLAIM FORM (agency workers) PLEASE SUBMIT TO: - timesheets@galaxystaffing.co.uk

All Claim Forms must be **submitted within one month of the expenses being incurred, older claims will not be reimbursed**
Payment



Claim Forms cannot be processed without the relevant, original receipts which should be attached to the Form and signed by the Managers /authorised signatory

Agency Worker: All following information is mandatory				To be completed by the authorising manager				Conditions:					
NAME (BLOCK CAPITALS) SIGNATURE..... DATE: NOTE: PLEASE ONLY USE THIS FORM WHERE THE ORGANISATION YOU ARE WORKING FOR WILL REIMBURSE YOUR EXPENSES. ANY PERSONAL EXPENSES ARE NOT TO BE SUBMITTED USING THIS FORM.				NAME (BLOCK CAPITALS) SIGNATURE..... POSITION..... DATE.....				Vehicle Insurance: All agency workers using their own vehicles must ensure their insurance provides cover whilst on official business for third party insurance, including cover against risk, injury or death to passengers and damage to property and that the policy was in force when the journeys were made. By signing this Expense Form, you are declaring: "In respect of any motor insurance claims made by or against me, the insurance policy in respect of my vehicle provides cover while car is used on official business, for third party risks, including risk, injury or death to passengers and that the policy was in force during the period of this claim and I am / my motor insurance policy is responsible for all such claims."					
*MODE: C-CAR R – RAIL OR TUBE B – BUS T – TAXI M – MOTORBIKE IF USING CAR OR MOTORBIKE, STATE VEHICLE REGISTRATION NO:													
DATE	DETAILS OF JOURNEY		REASON FOR TRAVEL	*MODE	MILES	FARES & PARKING		SUBSISTENCE & ACCOMODATION		OTHER		TOTAL	
	FROM	TO				£	P	£	P	£	P	£	P
TOTAL													