mileage & expenses

NAME .....

WEEK ENDING ..... / ..... / .....

All expense claims must be supported by legible photocopies of receipts for payment to be authorised.

Client .....

Signed .....
Authorised client representative

Print name .....

Date .....

REC Member

MILEAGE

	Mileage
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	
TOTAL MILES	
PENCE PER MILE	ppm
TOTAL CLAIMED	£

EXPENSES

Date	Description	Total
TOTAL OUT OF POCKET EXPENSES CLAIMED		£

+

=

TOTAL TO BE CLAIMED	£

PLEASE POST OR FAX YOUR AUTHORISED EXPENSES TO ARRIVE NO LATER THAN **10:00AM** ON **TUESDAY**

POST TO: BRC, 2 St Paul's Road, Clifton, Bristol BS8 1LT
FAX TO: 0117 923 9111
EMAIL: payroll@brcjobs.com

WHITE ▶ AGENCY
YELLOW ▶ WORKER
BLUE ▶ CLIENT