



EXPENSE FORM

Name of Claimant: _____

Date of Claim: _____

Client: _____

Worksite: _____

Expense period: _____

Note: Expenses will be paid only if the original receipt attached

Expense Number	Date of Expense	Expense Description	Total	Ex-VAT (if applicable)	VAT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
Total Amount Due					

For UKPS Only

Expenses received & checked by: _____

Date: _____