

Contractor Expense Claim Form

NETWORKERS

HANOVER PLACE
8 RAVENSBORNE ROAD
BROMLEY
KENT, BR1 1HP
TEL: +44 (0) 20 8315 9500
WWW.NETWORKERSTECHNOLOGY.COM

Contractor Details

Name

Address

Signature

Your Address

Press Alt + Enter to
create a new line in Excel

TO BE COMPLETED IN BLACK AND CAPITALS

Week Ending Date (Sunday)

Daytime Telephone

Useful in case we
have any queries

CLIENTS OFFICE USE ONLY

Timesheet Number

Date of Receipt or Travel

Mark the accompanying receipt
with the same number.

Date	Receipt Number	Reason For and Description of Expenditure	Car Mileage		Expenditure		
			Miles	Rate	Net Cost	VAT	Total
22/06/2016	1	6 WIDGETS FOR PRESENTATION			100.00	17.50	117.50
23/06/2016	2	TRAVEL BY CAR FROM NEWBURY TO BRISTOL	57.00	0.40	22.80		22.80
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
TOTALS					122.80	17.50	140.30

Client Details

I certify that the expenses shown have been incurred by the Contractor in the course of their assignment to ourselves. The amount shown will be included on the invoice which will be paid in accordance with the terms and conditions of business, which have been agreed between our companies.

Company

Site

Date

Expense form must be signed
before submission otherwise
it will not be paid.

Position

Signature

Notes:

Expenses must specify the
Receipts or copies of receipts
Please ensure your name

Please email if possible.
Preferred formats are PDF or
TIFF. To be received before
Noon on Wednesday

in the description if not in £ Sterling (GBP)
accompany this claim form for all items

The total number
of attached pages
of receipts

Receipts attached

Sterling GBP Expenses

FAX: +44 (0) 20 8315 9770

EMAIL: TIMESHEETSGBP@GATTACAPLC.COM

All Other Currencies

FAX: +44 (0) 20 8315 9501

EMAIL: TIMESHEETSEUR@GATTACAPLC.COM

Number of
Pages