

Subsistence and Periodic

Employee Name:

Payroll Number:

Agency Name:

Week Ending:

Periodic Allowances

Please tick box if you have to wear a uniform / overall / safety clothing Type of work:

Weekly Laundry:

Days

@ 40p per day =

Subsistence Claim	Example	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time left home (am)	07.30							
Time arrived home (pm)	18.00							
5-10 Hours (£5 per day)								
10 + Hours (£10 per day)	£10.00							
I have a receipt and I have retained it	<input checked="" type="checkbox"/>							

Total subsistence claim value £

Evidence of expenditure (If no receipts)	Example	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Actual amount spent	£5.40							
Location & Description	Canteen - Burger & Chips							

This is deemed a contemporaneous record of expenses incurred.

Periodic Allowances (Receipts must be attached)

Description	Amount £

Internal use only

Yes No

Verification of subsistence

Are all totals correct?

Has daily mileage been sanity checked?

Have all receipts been submitted (and date checked)?

Laundry - is the work role appropriate?

Notes:

Weekly Mileage

Employee Name:

Payroll Number:

Weekly Mileage Report

PLEASE USE EXACT NOT ROUNDED MILEAGE

Car	Motorbike	Bicycle	Car Make & Model:		Engine Size:
Reg No:		Mileage Start:	Mileage Finish:	Are you: Driver	Passenger
Date		From: (Postcode)	To: (Postcode)	Return (Postcode)	Mileage
Total Business Mileage:					
Amount claimed @ 45/25 pence per mile:					

ATTACH FUEL RECEIPTS HERE

For every 100 miles please attach £23 of fuel receipts

I confirm by signing this form that all the above expenses have been incurred wholly and exclusively in the performance of my duties and that they are necessary for me to complete my work.

Signed:

Please be aware it is your responsibility to retain evidence of expenditure of all expenses claimed. This should ideally be in the form of receipts or, where receipts are not available, a contemporaneous record of expenses incurred. You can of course attach copies of evidence of expenditure/receipts to the expense form that you submit to us each week.

Date:

We are required by HMRC to randomly audit expenses submitted. Please be aware that failure to provide evidence of expenditure may result in expense claims being rejected.

Care 24/7 Healthcare Limited
 Address: 1-3, MAP House, St Leonards Road, Eastbourne, BN21 3UT
P: 01323 370232 | **E:** info@care247healthcare.co.uk
W: www.care247healthcare.co.uk | Registration Number: 09909827