PARKING ETC	£……..
OTHER EXPENSES	£……..
……MILES @ …….P =	£……..
TOTAL	£……..
Non Taxable	**£……**
Taxable	**£……**

Temporary Staff Mileage & Expense Claims Form

Name…… **Week Commencing**……..

Client/Place of Work……..

Vehicle Make:……..…**Engine Size**:……..……..

	DEPARTURE /RETURN TIMES OF JOURNEY		PARKING FARES ETC.	DETAILS OF JOURNEY	MILEOMETER READINGS FOR JOURNEY		TOTAL Mileage for Journey
DATE	Departure Home/Work	Return Home/Work			START	FINISH	
		TOTAL				TOTAL	

Managers Signature: …….. **Date:** ……