

Expenses

Month:

Client:

Consultant:



resource solutions

Date	Day of Week	Total Miles Travelled	£ / Mile	Total Miles £	Other Expenses Description	Other Expenses £	Total £
1 st							
2 nd							
3 rd							
4 th							
5 th							
6 th							
7 th							
8 th							
9 th							
10 th							
11 th							
12 th							
13 th							
14 th							
15 th							
16 th							
17 th							
18 th							
19 th							
20 th							
21 st							
22 nd							
23 rd							
24 th							
25 th							
26 th							
27 th							
28 th							
29 th							
30 th							
31 st							
Total Invoiced Expenses:							

Consultant: I agree that this is a true and accurate record of my claimable expenditures.

Signature:

Name:

Date:

**Client: I have checked this expense sheet and agree its accuracy.
I am authorised to sign this record on behalf of my company.**

Signature:

Name:

Date:

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