

Expenses



resource solutions

Period:

Client:

Consultant:

Day	Date	Total Miles Travelled	£ / Mile	Total Miles £	Other Expenses Description	Other Expenses £	Total £
Mon							
Tue							
Wed							
Thurs							
Fri							
Sat							
Sun							
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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