



EXPENSE REPORT

Name: Worksite:

Department: Employee No:

Salaried Day Rate

DATE	DESCRIPTION Taxi, Train, Meals etc. (Please Specify Details)	AMOUNT (£)	CODE	Office Use Only

Code Totals:	(Code)	(Amount)		Total Claim
		Less Advance
		
		
		
		

AUTHORISED BY:

CASH/CHEQUE Received by OR Authority for Amount to be Deducted from Pay:
.....

Cheque Number: Date: