



Personal Assistant Expenses & Mileage Claim

Employer's Name: _____ Week ending (date): DD / MM / YY

Your name: _____

Address: _____

Tel (home): _____ Tel (mobile): _____

MILEAGE LOG

Date of journey	From	To	Purpose of journey	Total miles claimed
Total miles – carry forward to Mileage Summary below				A

EXPENSES (Please supply relevant receipts)

Date	Details of expenses claimed	Total (£)
Total expenses claimed (£)		B
Mileage summary (<i>from mileage above</i>)		
Total miles	A	Total mileage claimed (£)
		C
Combined totals claimed		= B + C

I certify that, to the best of my knowledge, the information provided on this Expense Claim form is true and accurate, wholly and exclusively in the performance of activities for my employer. I have attached all receipts for my expenses where applicable. I have not claimed these expenses from any other party, and will not do so in the future.

Countersigned

Claims will not be paid without employer's signature.

CLAIMANT (P.A.) SIGN HERE

EMPLOYER SIGN HERE