

CLIENTS NAME: _____

CONTRACTORS NAME: _____

LIMITED COMPANY NAME: _____

WEEK ENDING/SUNDAY _____ / _____ / _____

	Expense	Comments	Amount EXCLUDING VAT
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
		Net Amount	£
		VAT	£
		Gross Amount	£

I am satisfied that the expense is for company purposes and will now be invoiced accordingly. Please provide original receipts for all claims made.

PLEASE COMPLETE IN FULL

AUTHORISED BY: _____

TITLE: _____

SIGNATURE: _____