



Maddison Solo Expenses Form

RETURN THIS FORM TO MADDISON GROUP BY **5PM EACH TUESDAY** TO ENSURE PROMPT PROCESSING

(Please make sure you enter your employee number, your expense form cannot be processed without it)

General Expenses

(Please make sure you enter your unique reference number, your expense form cannot be processed without it)

EMPLOYEE NAME:

EMPLOYEE NUMBER:

COMPANY NAME

WEEK ENDING:

DATE	DESCRIPTION	AMOUNT
		Total £

Weekly Mileage Report

CAR MAKE AND MODEL:			ENGINE SIZE:	
REG NO:	MILEAGE START:		MILEAGE FINISH:	
DATE	FROM	TO	RETURN	MILEAGE
Total Business Mileage				
Amount Claimed @ 45/25 Pence Per Mile				

I confirm by signing this form that all the above expenses have been incurred wholly and exclusively in the performance of my duties and that they are necessary for me to complete my work.

SIGNATURE:

DATE:

Phone: 0870 043 3797
Fax: 0845 052 9320
Email: info@maddisongroup.co.uk
Web: www.maddisongroup.co.uk