



4Pay Ltd  
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## Daily Travel Expense Claim Form

Name : **Insert Name**

Employee Code: **Insert Code**

**You may only claim your travel where: You are at a site or expect to be at a site for less than 24 months.**

1. Fill in your DAILY BUSINESS ONLY mileage and fax to us weekly by Wednesday 10am. Please post originals to the office
2. For other travel costs, please number all original receipts and send to 4Pay Ltd with Non-Mileage Expenses form.

**Please Note** that items claimed without a receipt are not deductible under Inland Revenue rules.

3. Your work journey must be the most direct route and the exact miles travelled.
4. Postcodes and towns must be entered.
5. Sign at the bottom to confirm all details are correct.

Date	SITE LOCATION AND JOURNEY DETAILS MUST BE ENTERED, STATING TOWNS & POSTCODES. THE WORDING VARIOUS SITES WILL NOT BE ACCEPTED	TOTAL BUSINESS MILES DRIVEN
<b>Example</b> 01/01/2008	<b>FROM =</b> Southampton, SO15 2AH <b>TO =</b> Basingstoke, RG21 4AH <b>FROM =</b> Basingstoke, RG21 4AH <b>TO =</b> Southampton, SO15 2AH	63
Monday / /		
Tuesday / /		
Wednesday / /		
Thursday / /		
Friday / /		
Saturday / /		
Sunday / /		
Total Miles for Week Ending:		

Vehicle Details;- (If your vehicle details change please amend them on this form)

Make **Insert Make**    Model **Insert Model**    Registration No **Insert Reg N**    Engine(cc) **Insert Eng(cc)**

Inland Revenue approved mileage rates	Vehicle	Up to 10,000 Miles	Over 10,000 miles
	Motor cars & vans	40p	25p
	Motorcycles	24p	24p
	Pedal Cycles	20p	20p

NOTE that claims without the requested detail may be delayed in processing or in some circumstances returned unprocessed.

**Declaration: I declare that I have read and understood the expenses policy accompanying this expense claim form and I declare that the above expenses were incurred wholly, exclusively and necessarily in the performance of my duties.**

**SIGNED.....**

**DATE.....**

**UNSIGNED EXPENSE CANNOT BE PROCESSED**