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**FULL NAME:**

**CLAIM DATE:**

**Mileage claims, please use the table below for the appropriate business mileage rate.**

Up to 10,000 miles per Tax Year

40p per mile with receipt

Motorcycles

24p per mile

Over 10,000 miles per Tax Year

25p per mile with receipt

Bicycles

20p per mile

Make and model of vehicle

Vehicle registration number

Date	Travelled from Town/ Postcode	Travelled to Town/ Postcode	Mileage	Rate claimed

**Total Mileage**

**At 40p per mile**

 £

**At 25p per mile**

 £

**Subsistence Allowances (Tick the week day boxes that apply)**

Work period	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
More than 5 hrs per day								
More than 10 hrs per day								
*Overnight								

**\*Original receipts must accompany overnight claims.**

**Receipts must be kept on all expenses.**

Other Expenses	Details	Total
Phone		
Travel		
Incidental Expenses		
Other		

**TOTAL CLAIM FOR THIS FORM**

 £

**Declaration**

I declare that the above expenses were incurred wholly, necessarily and exclusively in the employment of Nisi Employment Services Ltd, I am personally liable for any additional income taxes resulting from any claim which in subsequently found to have been claimed in error.

Signed

Date

Approved By

Date Paid