



GLOBAL PAY SOLUTIONS

GPS EXPENSES FORM

Name: _____ Date Of Birth: _____ GPS Ref: _____
 Site: _____ Client: _____
 Dates Covered From: _____ To: _____

1. MILEAGE CLAIM – For travel to and from your home/accommodation and your workplace, plus any work related trips using your own vehicle.

Car/Van Make: _____ Model: _____
 Bicycle: Engine Cc: _____ Fuel Type: Petrol Diesel LPG
 Motorcycle: Current Mileage: _____ Registration: _____

| FROM (POSTCODE)* | TO (POSTCODE)* | RETURN JOURNEY (Y/N) | JOURNEYS WITHIN PERIOD |
|------------------|----------------|----------------------|------------------------|
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***REQUIRED: PLEASE ENSURE YOU ATTACH FULL VAT RECEIPTS TO SUBSTANTIATE THE CLAIM.**

2. TRAVEL AND EXPENSES – for travel from home to your workplace and work-related journeys made by public transport. This also includes car parking, congestion charges and toll fees. You will be required to submit receipts for all claims in this section.

| DATE TRAVELLED | FROM-TO | MODE OF TRANSPORT | RECEIPT/TICKET VALUE £ |
|-----------------------------|---------|-------------------|------------------------|
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| | | | |
| Total expense claim value £ | | | |

3. SUBSISTENCE EXPENSES – For food and non-alcoholic drink purchased when away from your main residence during the working day. Please state the departure and arrival time to your main residence/temporary accommodation and tick the relevant subsistence claim.

| | MON | TUES | WEDS | THURS | FRI | SAT | SUN |
|-------------------|-----|------|------|-------|-----|-----|-----|
| Time left home | | | | | | | |
| Time arrived home | | | | | | | |
| Type of claim | | | | | | | |
| 5 hours | | | | | | | |
| 10 hours | | | | | | | |

You are required to retain receipts for subsistence claims as GPS /HMRC undertake regular audits. £ _____



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4. ACCOMMODATION AND PERSONAL INCIDENTAL EXPENSES – for expenses related to temporary accommodation (E.G. B&B hotels) whilst working away from your main residence, food and non-alcoholic drink and incidental expenses (which are paid at a rate of £5 per night in the UK and £10 per night if abroad.)

| DATE OF STAY | NAME OF ESTABLISHMENT | LOCATION (POSTCODE)* | RECEIPT VALUE £ |
|-----------------------------|-----------------------|----------------------|-----------------|
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| | | | |
| Total expense claim value £ | | | |

Receipts for accommodation must have the date of stay, contract number and address.

5. OTHER BUSINESS RELATED EXPENSES – Other legitimate work related expenses related to your employment. These must be supported by an original VAT receipt.

- WORK RELATED TRAINING COURSES
- WORK RELATED MOBILE PHONE CALLS
- WORK RELATED INDUSTRIAL CLOTHES
- SAFETY AND PPE CLOTHING/EQUIPMENT
- PROFESSIONAL MEMBERSHIP AND SUBSCRIPTIONS
- HIRE VEHICLE.

| DATE OF PURCHASE | NAME OF PROVIDER / SUPPLIER | TYPE OF EXPENSE | RECEIPT VALUE £ |
|-----------------------------|-----------------------------|-----------------|-----------------|
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| | | | |
| Total expense claim value £ | | | |

WORK RELATED MOBILE PHONE CALLS - Please provide original itemised bill and highlight work related calls only. This excludes Pay As You Go and Bundles Packages.

HIRE VEHICLE - Please include details of vehicle such as engine size under the milage claims section overleaf. Please ensure you attach for VAT receipts to substantiate the claim.

PLEASE ENSURE YOU ATTACH FULL VAT RECEIPTS TO SUBSTANTIATE THE CLAIM.

6. DECLARATION READ AND SIGN-

I declare that the expenses stated here were incurred, wholly, necessarily and exclusively in the performance of my duties. I can confirm my current workplace is temporary and I anticipate I will work Less than 24 months at this site. It is my intention to undertake multiple assignments and I will inform GPS if my intentions change. I also confirm that it is my responsibility to ensure that my vehicle is road worthy and that I have instructed my car insurers that my vehicle is used for business purposes and have adequate business insurance cover.

Signed _____ Date _____