

Expense Claim Form



Personal Details

Period Ending	<input type="text"/>	JSA Reference	<input type="text"/>
Name	<input type="text"/>	Pay Cycle	<input type="text"/>
Contact Tel. No	<input type="text"/>	Agency Name	<input type="text"/>

For information on which expenses you can claim please refer to JSA [Expense Guidelines](#)
Please remember that expenses must be incurred **wholly, exclusively and necessarily in the performance of your duties.**

Legitimately Claiming

Please insert an 'X' in the boxes as appropriate.
Claims without a signed declaration or blank boxes will not be processed.

I confirm these expenses are genuine costs incurred by me	<input type="checkbox"/>
I confirm I qualify as a site based worker under the 24 month rule	<input type="checkbox"/>
I have undertaken or intend to undertake multiple contract assignments with JSA	<input type="checkbox"/>
I am required to stay away from home on business	<input type="checkbox"/>

Travel to Work

	<i>Enter miles below</i>	<i>Enter mileage rate below (45p/25p)</i>	
Mileage	<input type="text"/>	<input type="text"/>	£ -
Travel Fares*			£
Parking*			£

Subsistence Claims

One meal rate <i>(If you're out for 5 hrs + and incur meal costs)</i>	<input type="text"/>	£ 5.00	£ -
Two meal rate <i>(If you're out for 10 hrs + and incur meal costs)</i>	<input type="text"/>	£ 10.00	£ -
Received meals*			£

Additional Claims

Description/Units	Detail	Total
Home Working Allowance	£4 per week	£ -
Accommodation or Rent*	-	£
Incidental overnight expenses	£5 per night	£ -
Books & Journals/Subscriptions*	-	£
Eye test*	-	£
Training*	-	£
Postage & Stationary*	-	£
Other (please specify)*	-	£

Please ensure any marked expenses (*) are supported by a receipt. This must be posted or emailed to JSA prior to the payroll.

Declaration

I confirm that: (A) these expenses are genuine costs that were incurred by me wholly, exclusively and necessarily in the performance of my duties of employment with JSA; (B) my workplace is a temporary workplace and I do not expect to be at the same workplace for a period of more than 24 months; and (C) I am claiming these expenses in accordance with [JSA's Expense Guidelines](#)

Signature

Date

Please email your completed form to timex@jsagroup.co.uk