

## Expenses

Month: .....

Client: .....

Consultant: .....



resource solutions

Date	Day of Week	Total Miles Travelled	£ / Mile	Total Miles £	Other Expenses Description	Other Expenses £	Total £
1 <sup>st</sup>							
2 <sup>nd</sup>							
3 <sup>rd</sup>							
4 <sup>th</sup>							
5 <sup>th</sup>							
6 <sup>th</sup>							
7 <sup>th</sup>							
8 <sup>th</sup>							
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25 <sup>th</sup>							
26 <sup>th</sup>							
27 <sup>th</sup>							
28 <sup>th</sup>							
29 <sup>th</sup>							
30 <sup>th</sup>							
31 <sup>st</sup>							
<b>Total Invoiced Expenses:</b>							

**Consultant:** I agree that this is a true and accurate record of my claimable expenditures.

Signature: .....

Name: .....

Date: .....

**Client:** I have checked this expense sheet and agree its accuracy. I am authorised to sign this record on behalf of my company.

Signature: .....

Name: .....

Date: .....

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