**PA EXPENSES CLAIM FORM**

**Please use this form to list the expenses from helping me as my PA**

1. Please attach all receipts to this form. You must provide receipts for all expenses except for petrol (mileage) claims.
2. At the end of your working week (or period of weeks) please add up the grand total and give this form to your employer who will arrange for you to be reimbursed.

|  |  |
| --- | --- |
| **PA name:** |  |
| **Employer’s name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Reason for expense**E.g. mileage etc | **No of miles** @ 45p per mile | **Total cost**E.g. 5 miles @ ‘X’ p per mile = £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
| **Cheque no** |  | **Total** | **£** |