



EXTERNAL CLAIM FOR TRAVELLING SUBSISTENCE AND SUNDRY EXPENSES
(Please attach any relevant receipts or supporting documentation)

Name:

Job Title:

MM:
Database:

Client Name:
Client Address:

Client Name :
Contract Number:
Job Code:

Home Address:

Company: HRL / HEL / PRL

FOR PROMAN USE ONLY

WK No:	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL	units
Subsistence									nights
Transportation									£
Mileage Claim									miles
Sundry									£
Subsistence Rate £ /Night						Total Due		Taxable (office use only)	
Transportation Costs						£		Y/N	
Mileage Rate £ /Mile						£		Y/N	
Sundry Costs						£		Y/N	
Sum Total						£			

TO BE COMPLETED BY ALL CLAIMANTS

- I certify that all particulars stated are correct, that the subsistence and other allowances are in accordance with the regulations and authorised scales of the Company and that the disbursements charge hereon has been actually and necessarily incurred by me solely on official business.
- In the event of any discrepancies found subsequent to the payment of this claim I agree to repay any over-payment which may have been made to me on this claim.

I CERTIFY THAT I HAVE NOT RECEIVED RE-IMBURSEMENT FROM ANY OTHER SOURCE

Signature of Claimant Date

TO BE COMPLETED BY THE CLIENT/HIRER REPRESENTATIVE

I certify that the journeys covered by this claim were:

(1) Authorised (2) Essential to the satisfactory discharge of official business and to the best of my knowledge undertaken. The period of absence for which subsistence and other allowances are claimed was necessary to the proper performance of official business and I see no objection to this claim.

Clients Authorisation Date

Position

PROMAN Authorisation Date

Invoice to Client YES/NO