



NAME:		DATE:	
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Please complete this form and **provide receipts** to validate the reimbursement of expenses by your agency. Without proof of purchase, we are required to process the payment subject to standard PAYE deductions. Please use two forms if necessary to provide all details and send via email to [timesheets@quicktemp.co.uk](mailto:timesheets@quicktemp.co.uk) so that we can process payment correctly. If you have any questions, please do not hesitate to contact us on **0333 121 2324** or email [payroll@quicktemp.co.uk](mailto:payroll@quicktemp.co.uk)

### OVERNIGHT INDUSTRY SCALE RATE SUBSISTENCE

Please provide receipts incurred during night out i.e food, accommodation or personal washing, laundry (if sleeper has bedding). Receipts should be dated after shift start time.

If no receipt attached, payment may be subject to PAYE deductions.

DATE	CLIENT NAME	SLEEPER CAB		RECEIPT ATTACHED		TOTAL
		YES	NO	YES	NO	
<b>TOTAL CLAIM: (£)</b>						

### EXPENSE REIMBURSEMENT

Please provide receipts for all expenses claims i.e parking, petrol, adblue, toll, food and hotel.

DATE	CLIENT NAME	DESCRIPTION	AMOUNT
<b>TOTAL: (£)</b>			

**Note:** If you are being reimbursed for subsistence costs, any overnight allowance for the same shift will be subject to PAYE deductions.