



### Beacon Care Services Mileage & Expenses Claim Form

Please complete all sections BLOCK CAPITALS. Failure to correctly complete a mileage and expenses claim form could delay payment. Claim forms MUST be signed by an authorising manager.

Email: [timesheet@beaconcare.com](mailto:timesheet@beaconcare.com) or Fax: 020 8896 9400

**Locum Details:**

First Name:		Surname:	
Client:		Ward:	
Job Title:		Band:	

Date	Name of Client/ Staff Visited or Reason for Expenses <small>please write this as per inland revenue requirement</small>	Details of Mileage		Attach Clear Copies of Receipt	
		No. of Miles	Home Visit for Patients - pls tick	Parking Charge £	Other - Specify £
<b>TOTAL</b>					

**FOR CLIENT USE ONLY:**  
Client to sign this section to acknowledge mileage and expenses claimed are within the terms of the contract and these expenses can be invoiced.

Signature of Client's Representative authorised to approve the above claim: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorised Signatory: \_\_\_\_\_ Job Title: \_\_\_\_\_