SELF EMPLOYED EXPENSES CLAIM FORM

Name ★			Operative ID No ★		
E-mail		Period From ★		Period to ★	

EXPENSES CLAIM (all items marked with ★ must be completed)

MILEAGE

Type		Vehicle Info	
Car	☐	Make	
Motorbike	☐	Registration	
Bicycle	☐	CC	
Fuel Type		Petrol ☐ Diesel ☐ LPG ☐ Not Applicable ☐	
Miles this Tax Year		Under 10,000 Miles ☐ Over 10,000 Miles ☐	

I CONFIRM THAT MILEAGE CLAIMED WAS UNDERTAKEN IN A VEHICLE REGISTERED TO ME AND THAT I HOLD RELEVANT BUSINESS TRAVEL INSURANCE COVER

Journey Date	Journey Start (Postcode)	Journey End (Postcode)	Journey Description (Site description and or address)	Return Journey Y/N	Total Miles Claimed
TOTAL					
TOTAL OF FUEL RECEIPTS REQUIRED					

When complete and signed, please e-mail this form to EXPENSES@AMBERPAY.COM with copies of any necessary receipts.
PLEASE PROVIDE COPY VAT FUEL RECEIPTS FOR A MINIMUM VALUE OF £1.40 PER 10 MILES CLAIMED (or 14 pence per mile).

SUBSISTENCE

Date Cost Incurred	Description	Amount Claimed
Total		

COPY RECEIPTS FOR MEAL EXPENSES MUST ALWAYS BE SUBMITTED WITH THIS FORM TO EXPENSES@AMBERPAY.COM

OTHER EXPENSES

Claim Date	Description	Invoice Total	Percentage of Total Claimed	Amount Claimed
TOTAL				

COPIES OF ALL RECEIPTS FOR ALL THE ABOVE EXPENSES MUST ALWAYS BE SUBMITTED WITH THIS FORM TO EXPENSES@AMBERPAY.COM

DECLARATION (Please read carefully as an incorrect declaration may have legal and financial consequences)

I declare that all of the above expenses were incurred wholly, exclusively and necessarily in the performance of my duties as a self employed operative engaged under a contract for services to Amberpay Limited. I have read and understood the Expenses Guide and those of HMRC for the self employed and can confirm that the expenses I have claimed relate to a temporary assignment that will be less than 24 months in duration at this workplace or I will spend less than 40% of my time at any one location.

The claim for travel and subsistence is in respect of necessary journeys undertaken in the performance of the duties of the assignments or in respect of travel to temporary workplaces.

I confirm that it is my intention to work on a series of assignments across multiple workplaces.

The expenses claimed have been incurred and paid by me and the claim is correct in all respects.

All supporting documentation, copy invoices and copy receipts are submitted with this.

★ ***SIGNATURE***	
★ ***DATE***	

Address for Submission by post:
Amberpay Limited,
Court Row Chambers,
Court Row, Ramsey,
Isle of Man, IM8 1JS

Amberpay Ltd. Phone Number: 01624 815189 or 0161 464 8638

When complete and signed, please e-mail this form to *expenses@amberpay.com* with copies of all necessary receipts

ALL SELF EMPLOYED EXPENSES CLAIM FORMS MUST BE RECEIVED BY 2PM EACH TUESDAY OR THEY WILL NOT BE PROCESSED UNTIL THE FOLLOWING WEEK.