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CONTRACTOR EXPENSES FORM

Contractor Name: **Date Submitted:**

Working at:

<u>Date</u>	<u>Detailed Expense</u>	<u>Net £</u>	<u>VAT £</u>	<u>Gross £</u>

Total Claimed:

£ .

Contractor Signature

I authorise payment for the above expenses

Authorising Manager Name:

Authorising Manager Signature: **Date:**