

COMPANY NAME

PROJECT

PRODUCTION EXPENSE CLAIM FORM

PC#

PETTY CASH VOUCHER

Employee Name:

fill in

Department:

fill in

ALL EXPENSES MUST BE CLAIMED WITHIN 30 DAYS OF RECEIPT

Receipt - Attach and number to correspond with line item

All expenses accompanied by VAT receipts (Credit card slips are not adequate evidence)

	Account Code	Set*	FF*	Description	Asset	VAT Code	Net	VAT	Gross
1	2530	001	Q	1/5 - J Sullivan -Fuel - 31.25L - (80%)*40		T0	32.00	0.00	32.00
2	2530	002	Q	1/5 - J Sullivan - Parking Covent Garden		T1	8.33	1.67	10.00
3	2530	003	Q	1/5 - J Sullivan - CC		T0	15.00	0.00	15.00
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Totals:

55.33

1.67

57.00

Employee:

Accounts use only:

Approved:
HoD

Approved:
LP/ Prop Sup