

JSA EXPENSE CLAIM FORM

Name :

JSA reference number :

Agency : DREAM EDUCATION

Period End Date : ___ / ___ / ___

1) Mileage Allowance	miles @	pence per mile	£
2) Local Commuting			£
3) Parking			£
4) Round Sum Lunches	days @	£7.50 per day	£
5) Round Sum Late Working	days @	£15.00 per day	£
6) Business related telephone calls			£
7) Postage			£
8) Subscription to a professional body			£

Declaration*:

I confirm the following in respect of this expense claim :

I qualify as a site based worker under the 24 month rule



Signed : _____ Date ___ / ___ / ___

**claims submitted without the box ticked and the declaration signed will not be processed*

Post to : JSA International Ltd, JSA House, 110 The Parade, Watford, Herts WD17 1GB