

APPLICATION FOR EXPENSES

Name: _____ Expense Month/Year: _____

Location: _____

On completion, please email to expenses@bostonair.co.uk or fax to 00441482679091.

- Please fill out the form and send with proof of your expense(s).
- Expense receipts should be numbered and correspond to an expense reference number in the table.
- Expenses can be claimed on a monthly basis i.e. one expenses claim per month.
- Expenses must be submitted **within 2 months** following the end of the month in which they occurred.
- When payment requires the currency to be converted, an average rate for the month in which they occurred will be used.
- Expenses received up to and including the 10th will be paid into your account for the 20th of the same month.
- Expenses received after the 10th and up to and including the 20th will be paid by the 2nd of the following month.

NB: Expenses will only be refunded with a fully completed form and evidence of payment.

If you have more than one bank account with us, please select which you wish to be paid into:-

ENGLISH GERMAN EUROPEAN OTHER

Expense Reference	Expense Date	Expense Amount (please state currency)	Description	Office Use
1				
2				
3				
4				
5				
6				
Total Claimed:			Comments (office use):	
Total Paid (office use):				

Signed: _____ Date: _____
Bostonair Employee

Signed: _____ Date: _____ (office use)
Recruitment Representative

Signed: _____ Date of payment: _____ (office use)
Payroll Representative