

Claim form other expenses

About Payrolling & Services b.v.
 P.O. box 74
 3600 AB MAARSSSEN
 telephone +31 (0) 346 55 70 92
 fax +31 (0) 346 57 99 45
 New form? www.payrolling.nl

Please complete the claim form **in block letters** and for each week. Use the appendix to submit your original bills, invoices, receipts, etc as documentary evidence, in **date order!** Incomplete or incorrectly completed claims will not be reimbursed. Before completing the form, make a copy of the empty form.
 Then you will have a new claim form for next time. Send the completed form and the appendix to Antwoordnummer 52040, 3600 VH MAARSSSEN.

Name _____ Date of birth _____ / _____ / _____

Claim form for week _____ of the year 20 _____ Client _____

Date	Item(s) to be claimed	Amount
____ / ____ / 20 ____	1	€ _____
____ / ____ / 20 ____	2	€ _____
____ / ____ / 20 ____	3	€ _____
____ / ____ / 20 ____	4	€ _____
____ / ____ / 20 ____	5	€ _____
____ / ____ / 20 ____	6	€ _____
____ / ____ / 20 ____	7	€ _____
____ / ____ / 20 ____	8	€ _____
____ / ____ / 20 ____	9	€ _____
____ / ____ / 20 ____	10	€ _____
____ / ____ / 20 ____	11	€ _____
____ / ____ / 20 ____	12	€ _____
____ / ____ / 20 ____	13	€ _____
____ / ____ / 20 ____	14	€ _____
____ / ____ / 20 ____	15	€ _____
____ / ____ / 20 ____	16	€ _____
____ / ____ / 20 ____	17	€ _____
____ / ____ / 20 ____	18	€ _____
	Total costs	€ _____

Name and signature of temporary employee _____

Name and signature of client _____

Date of signature _____

Date of signature _____

We declare that the expenses claimed on this form have been correctly completed and may be reimbursed.

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Appendix

Please use this appendix to send your original bills, invoices, receipts, etc. as documentary evidence in **date order**! Attach them to this form with tape or staple. **NO** copies!

