

Supply Worker: _____ Week Ending: _____

Signature: _____ Your Consultant: _____

To be completed by the school contact

	Arrival Time	Departure Time	Full Days	Half Days
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Days:				

We certify that the total hours worked are correct and the supply worker's performance over these hours has been satisfactory. TeacherActive are hereby authorised to invoice our organisation at the agreed rate and we agree to accept your terms and conditions of business. We agree that, should any supply worker introduced to us by you later be offered any further work, it will be through TeacherActive.

School Contact: _____ Position: _____

Signature: _____ Date: _____

School Name: _____

Payment Method – by which method do you get paid **PAYE** **TAX Efficiency (JSA/Key/etc)**

Weekly Expense Form - For expense queries please call 0121 200 3224

IF UNSURE REFER TO YOUR EXPENSE GUIDELINES. Expense claims must be accompanied by original receipts. Where applicable JSA reserve the right to disallow any expenses claimed.

To be completed by the supply worker

Travel to work			
Mileage (Home to School)	Miles	@ pence per mile	= £
Fares (Original Receipts) Train/Bus/Taxi			= £
Parking (Original Receipts)			= £
NON RECEIPTABLE CLAIMS			
***Lunches Days	Days	@ £7.50 per day	= £
***Overnight Meals	Nights	@ £25.00 per night	= £
***Late Working <small>(Out of the house for more than 10 Hours)</small>	Days	@ £15.00 per day	= £
Hotel Accommodation	Nights	@ £40.00 per night	= £
Use of Home as office - Tick to confirm use			<input type="checkbox"/>
***Please note you cannot claim lunch and late working allowance if you are claiming overnight subsistence			

Declaration*

****I confirm the following in respect of this expense claim**

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

I qualify as a worker required to stay away from home on business

Signed**: _____ Date: ____/____/____

*please tick appropriate box(es)

**claims submitted without a signed declaration or box(es) ticked will not be processed

**PLEASE FAX TO 0845 384 9009
TIMESHEET DEADLINE FRIDAY 5PM**