					7			
Company Name:								
Director's Name:								
Week Ending:								
Vehicle Used:								
		MON	TUE	WED	THU	FRI	SAT	SUN
DATE			-					
Contractor's Name	'	•	3	1		,	'	'
Site								
Mileage								
Income Received			_					
Amount Banked								
Expenses								
Small Tools	Cash							
	Chq							
Materials	Cash							
	Chq							
Parking Travelcards/Fares Phone/cards/callbox Printing/Post/Stat	Cash							
	Chq							
	Cash							
	Chq							
	Cash							
	Chq Cash							
	Chq							
Trade Magazines	Cash							
	Chq							
Van Expenses	Cash							
	Chq							
Protective Clothing	Cash							
	Chq							
Other - Please Specify Other - Please Specify	Cash							
	Chq							
	Cash							
	Chq							
IMPORTANT NOTES					_			Tick
1) All income received whether cash or cheque to be recorded								
in the 'Amount Received' column.								
2) Record only the a	mount p	aid int	o the ba	ank in t	he 'Amo	unt		
Banked' column.								
3) Attach payslip/advice note from earnings for the week.								
4) Attach CIS statements if applicable.								
5) Estimated amounts are not acceptable.								
6) Wherever possible								
expenditure and a	ttach t	o this	sheet. I	If an it	em is p	aid		
by cheque please write the cheque number on the invoice.								
7) Attach any bank s	tatemer	ts which	h have b	been rec	eived.			
					_			
Copyright FCA Computer Services Ltd. 2000.	Signat	ure:				Date:		
Form SC.EXP2 8/11/00								