



Application for dispensation for certain expenses and benefits payments

To H M Inspector _____ District _____ Your Reference _____

I wish to apply for a dispensation from completing forms P11D for the employees and expenses payments specified below.

Please tick the appropriate boxes. If there is not enough space to give the details requested, please use the back of this form or attach a separate sheet.

Employees Expenses payments/Reimbursements/ Scale payments

- Employees
[] All
[] Salesmen and saleswoman
[] Other groups - please specify here
[] Specified individuals - please name here

- Expenses payments/Reimbursements/ Scale payments
[] Travel
[] Subsistence
[] Entertaining
[] Telephone
[] Other - please specify here

√ as appropriate

My employees are required to produce invoices or receipts for expenditure claimed [] Yes [] No

Someone other than the claimant always examines claims to check that the claim does not include items which cannot be allowed and that it is not excessive. [] Yes [] No

If the answer is no, please state your method of expenditure control below

I control expenditure claims by _____

Signature _____ Date _____

Position held in firm _____ Business name _____

Business address _____

Telephone Number _____

P11DX