APPENDIX 9

(1) **NAME_**

Travel & Subsistence Expenses Claim Form Community & Comprehensive Schools

	HOME	ADRESS									
	(2) DETAIL	LS OF CAR (if	used) ENG	INE C.C	IN	SURANCE CO)				
	(3) SUMM	ARY OF CLAI	M								
DATE	JOURNEY			TIME OF		Mode		Rate per	01	SUBSISTENCE	
	Purpose	From	То	DEP.	RET.	of Transport	KM's	КМ	Cost	(rate)	
* Where su	bsistence is cla	nimed exact time	e of departur	e & return mu	ıst be shown						
							TOTAL PAY	MENT OF CL	AIM		
I declare that: (a) The subsistence and other allowances that I claim are correct and in accordance with regulations (b) The expenses were actually and necessarily incurred by me in relation to school business (c) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above. (d) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Board of Management of any change to the insurance cover. (e) The information given by me is true in all respects (f) My accumulative kilometres to date for which I have been paid travelling expenses (including the kilometres claimed herein and from other public bodies) during the current travel year is SIGNATURE (of claimant) POST DATE											
I certify that: (a) The particulars furnished are correct and in accordance with relevant regulations. (b) The journeys were authorised and take due account of the need to reduce travelling to a minimum consistent with efficiency. (c) This claim is to be charged to SIGNATURE (Principal / Chairperson)											

AMOUNT PAID €
KILOMETRES TO DATE_
DATE:_

FOR OFFICE USE: