**Travel, Subsistence & Expenses Claim Form for Voluntary Secondary Schools**

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| 1. **School Details** |
| **School Name:** |
| **School Roll No:** |

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| 1. **Claimant Details** | |
| **Name:** | **Home Address:** |
| **Position:** |

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| 1. **Details of Vehicle (if used)** | |
| **Make:** | **Model:** |
| **Registration no.:** | **Engine C.C:** |
| **Insurance Co. Name:** |  |

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| 1. **Details of Claim** | | | | | | | | | | | | |
| **DATE** | **JOURNEY** | | | | **TIME OF** | | **Mode Of Transport** | **KM’s Travelled** | **Rate per KM** | **Mileage**  **Cost €** | **Subsistence €** | **Misc. Amounts (attach receipts)** |
| **Purpose** | **From** | **To** | **Destination** | **DEP.** | **RET.** |
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\*Where subsistence is claimed exact time of departure & return must be shown

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| **Summary of Mileage Claim** | |
| **Kilometres Year to Date** |  |
| **Current Claim (In KM’s)** |  |
| **Total Kilometres** |  |

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| 1. **Declaration by Claimant** |
| I declare that:   1. The subsistence and other allowances that I claim are correct and in accordance with regulations. 2. The expenses were actually and necessarily incurred by me in relation to school business. 3. I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above. 4. My cumulative mileage to date for which I have been paid travelling expenses (including travel claimed herein and from other public bodies) during the current travel year \_\_\_\_\_\_\_\_\_\_\_\_.\* |
| **Signature (of Claimant):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** |

\*Note: Cumulative mileage is the total kilometres for which travel expenses have been claimed in the year to date. This includes all mileage claimed from any other public or private body.

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| 1. **Approval of Claim** |
| I certify that:   1. The particulars furnished are correct and in accordance with relevant regulations. 2. The journeys were authorised and take due account of the need to reduce travelling to a minimum consistent with efficiency. |
| **Signature (Principal/Chairperson):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** |

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|  |  |  | | **For Office Use only:** | | | | | |
| **Mileage Summary** | | | **KM Rate (as per Civil Service Rates from 01.04.2017)** | | | | | **No. of KM’s** | **Amount Due** |
| **Engine up to 1200cc** | | **Engine between 1201cc to 1500cc** | **Engine 1500cc & over** | **Rate applied to current claim** |
| Up to 1,500 KM | | | 37.95 cent | | 39.86 cent | 44.79 cent |  |  |  |
| 1,501 – 5,500 KM | | | 70.00 cent | | 73.21 cent | 83.53 cent |  |  |  |
| 5,501 – 25,000 KM | | | 27.55 cent | | 29.03 cent | 32.21 cent |  |  |  |
| 25,001 KM and over | | | 21.36 cent | | 22.23 cent | 25.85 cent |  |  |  |
|  | | |  | |  |  |  | **Total Mileage** | **€** |

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| **SUMMARY** | **Amount Due** |
| **Mileage** |  |
| **Subsistence** |  |
| **Misc.** |  |
| **TOTAL DUE** |  |
| **DATE PAID** |  |

**The completed claim form should be kept on the payroll file for a period of seven years.**