**Travel, Subsistence & Expenses Claim Form for Community & Comprehensive 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:** | **Electric Vehicle: Yes/No** |

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| 1. **Details of Claim** | | | | | | | | | | | | |
| **DATE** | **JOURNEY** | | | | **TIME OF** | | **Mode Of Transport** | **KM’s Travelled** | **Rate per KM** | **Mileage**  **Cost €** | **Subsistence Day/Night**  **(No. of Hours/Nights)** | **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 January to Date** |  |
| **Current Claim (In KMs)** |  |
| **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 (Jan to Date) \_\_\_\_\_\_\_\_\_\_\_\_.\* |
| **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. 3. This claim is to be charged to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature (Principal/Chairperson):** \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** |

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|  |  |  | |  | | | **For Office Use only:** | | | | | |
| **Mileage Summary** | | |  | | **KM Rate (as per Civil Service Rates from 01.09.2022)** | | | | | | **No. of KM’s** | **Amount Due** |
| **Engine up to 1200cc** | | | **Engine between 1201cc to 1500cc** | | **Engine 1500cc & over** | **Electric Vehicles** | **Rate applied to current claim** |
| Up to 1,500 KM | | | 41.80 cent | | | 43.40 cent | | 51.82 cent | 43.40 cent |  |  |  |
| 1,501 – 5,500 KM | | | 72.64 cent | | | 79.18 cent | | 90.63 cent | 79.18 cent |  |  |  |
| 5,501 – 25,000 KM | | | 31.78 cent | | | 31.79 cent | | 39.22 cent | 31.79 cent |  |  |  |
| 25,001 KM and over | | | 20.56 cent | | | 23.85 cent | | 25.87 cent | 23.85 cent |  |  |  |
| **Reduced motor travel rates per KM** | | | **21.23 cent** | | | **23.80 cent** | | **25.96cent** | **23.80 cent** |  |  |  |
|  | | |  | | |  | |  |  |  | **Total Mileage** | **€** |

**Hybrid vehicles:** will continue to be recouped at the equivalent Internal Combustion Engine (ICE) rates and should not be claimed in the EV category.

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| **Summary of subsistence (From 29th January 2025)** | **Rate €  (as per Civil Service Rates from (29.01.25)** | **No. of Hours/Nights** | **Amount Due** |
| **Day allowance – period of assignment:** |  |  |  |
| Ten hours or more | €46.17 | Hours |  |
| Between five and ten hours | €19.25 | Hours |  |
| **Domestic Overnight allowance – Rate Category** |  |  |  |
| Normal | €205.53 | Nights |  |
| Reduced | €184.98 | Nights |  |
| Detention | €102.76 | Nights |  |
| **Outside the state allowance – Period of assignment aboard** | **% of normal overnight rate** |  |  |
| First month | 100% | Nights |  |
| Second & third month | 75% | Nights |  |
| Fourth, Fifth & Sixth month | 50% | Nights |  |
|  | **Total Subsistence** |  | € |

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| **Misc. Amounts** |  |  | **Amount Due** |
|  |  |  |  |
|  | **Total Misc. Amounts** |  | € |

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

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| **Details for Enhanced Reporting Requirements** | |
| **Name** |  |
| **PPS number** |  |
| **Employment ID number** |  |
|  | **Amount Due** |
| **Vouched travel** |  |
| **Unvouched travel** |  |
| **Vouched Subsistence** |  |
| **TOTAL AMOUNT REPORTABLE** |  |
| **DATE TO BE PAID** |  |

*` Employment ID number –* [*click here*](https://www.revenue.ie/en/employing-people/becoming-an-employer-and-ongoing-obligations/information-on-payroll-submission/employment-identifier.aspx) *for information on this.*

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