**Travel, Subsistence & Expenses Claim Form for Community & Comprehensive Schools**

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

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

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

|  |
| --- |
| 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.**  |
|   |   |   |  |  |   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |   |   |   |  |  |  |  |  |
|   |   |   |  |  |   |   |   |  |  |  |  |  |

 \*Where subsistence is claimed exact time of departure & return must be shown

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

|  |
| --- |
| 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.

|  |
| --- |
| 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: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **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** | **€** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of subsistence** | **Rate € (as per Civil Service Rates from 01.12.2021)** | **No. of Hours/Nights** | **Amount Due** |
| **Day allowance – period of assignment:** |  |  |  |
| Ten hours or more | €39.08 |  Hours |  |
| Between five and ten hours | €16.29 |  Hours |  |
| **Domestic Overnight allowance – Rate Category** |  |  |  |
| Normal | €147.00 |  Nights |  |
| Reduced | €132.30 |  Nights |  |
| Detention | €73.50 |  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** |  | € |

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

|  |  |
| --- | --- |
| **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.**