

## E.A.1 2025

## EXAMINATION AIDE SCHOOL REIMBURSEMENT FORM 2025

SCHOOL REIMBURSEMENT FORM 2025		
NAME OF SCHOOL	L:	_ SCHOOL ROLL NO:
1. TOTAL NUMBER C	OF CANDIDATES SITTING 2025 W	/RITTEN EXAMINATIONS:
(*SEE R	ELEVANT TABLE OF CIR	CULAR S S14 / 2025):
2(a). <b>ORALS:</b> NUMdays).	IBER OF DAYS FOR WHICH REM	IUNERATION IS SOUGHT (*max 8-10
PASTORAL SUPP SOUGHT (max 6 days)	ORT: NUMBER OF DAYS FOR V	WHICH RENUMERATION WAS
2(b). <b>EXAMINATI</b> (*max 15 days).	ONS: NUMBER OF DAYS FOR V	WHICH REMUNERATION IS SOUGHT
	SOUGHT (*max 2 days. 2 days	R: NUMBER OF DAYS FOR WHICH
CERTIFICATE TIMET	DDITIONAL DAYS RELATED TO ABLE PLEASE TICK RELEVANT H REIMBURSEMENT IS SOUGHT	BOX(S) BELOW: 23/06/2025 24/06/2025
4. EXAMINATION	I AIDE NAME:	
5. AMOUNT PAID	TO EXAMINATION AIDE:	
No. of Days	@ daily rate of <b>€167.54</b> + 0.6% Employers PRSI	
	TOTAL AMOUNT	= €
SIGNATURE: SIGNATURE OF EXAM	INATION AIDE (TO ACKNOWLED	DATE:
<b>Declaration</b> I certify I have paid the I certify I have paid the	Revenue Commissioners the appropr Revenue Commissioners the employ nd of € (which includes the E	riate PAYE, PRSI & USC. ers PRSI.
SIGNATURE OF PRINCIPAL:		DATE: