



This form covers any business travel undertaken on behalf of the College - e.g. attendance at meetings, etc.

Name: Jacinta Maxwell

Home Address: Brooklawns, Sligo

Month of Travel: April

Travelled from: St Angela's College, Sligo

Department Codes #: Central (010) - HE (011) - Ed (012) - Nursing (020) - SEN (040) - CLL (050) - Access (080)

Department: Central

Dept. Code #: 010

Make / Model: VW Golf

Reg.No.: 171 SO 171 Engine: 1.9cc

Rate @ Engine Capacity: 0.8353

0.8353

Use drop down menu to select correct rate

Ensure engine size and travel band are correct

Engine over 1501cc between 1501 and 5500 KM

Reason why Public Transport could not be used if applicable (brief):

Not suitable due to time of meeting

If you live closer to your intended destination, please insert your home address and distance from your home address below.

Ensure correct department code is used

Reason for not using public transport must be completed on the form

Formula set up to calculate your travel based on the rate you pick above, and deducts the 7.5% reduction

Subsistence: Overnight rate of 24 hours or more, starts from time of departure e.g. if you leave at 8pm and return at 8pm the following day only the overnight rate of €133.73 may be claimed

[illegible]

Please ensure Dates are entered correctly

Please ensure you enter the depart and return times of travel

Ensure details of where you travel to and the reason for this travel are entered here. AA route planner should be used as a guide to the distance

KM THIS CLAIM

KM BROUGHT FORWARD

TOTAL KM - YEAR TO DATE (Jan-Dec)

KM totals relate to ALL movement regardless of purpose of travel.

Amount Approved

250.73

Accumulated KM's travelled must be completed on the form, please ensure you keep copies of previous claims to facilitate this.

Prior approval must be granted by Line Manager / Head of Department before date of travel. Foreign Travel including Northern Ireland must also be prior approved by the President

Line Manager: *David Forno*

Date: _____

Prior Approval Granted

By signing below I am certifying that the travel outlined above was undertaken and there is no change to the claim details - I now wish to claim this amount as my final claim. If I wish to claim for an amount different to that outlined above I agree to submit a fully completed 'Claim Amendment Form' with this approval attached to it.

Only sign and date claim when travel is completed, providing no details have changed.

Signed _____ Date: _____

Please Note:

PUBLIC TRANSPORT should be used where possible - The onus is on the claimant to have adequate motor insurance cover.

Receipts must be provided for all claims outside of the travel/subsistence. Forms must be completed correctly, if not this may delay payment.

THIS FORM MUST BE SUBMITTED TO THE RELEVANT DEPT BY THE 10TH OF THE FOLLOWING MONTH.

Timesheets & Claims submitted to payroll outside the 3 month deadline (as per the T&S Policy) will be subject to a reduction.

Ensure you are using the most up to date claim form

Version: V3