

Appendix \_\_\_\_\_

## LECTURER CLAIM FORM FOR EXPENSES/FEEES RE. IN-CAREER DEVELOPMENT COURSES

Please use BLOCK CAPITALS **The Education Centre, Dromtacker, Tralee, Co. Kerry**

COURSE: \_\_\_\_\_ Venue: \_\_\_\_\_ Date(s) \_\_\_\_\_

NAME (of claimant): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

If private car used, please state (a) Make, Model and Registration: \_\_\_\_\_

(b) Engine Capacity (c.c & horse power): \_\_\_\_\_

If public transport was not used please state the reason/s: \_\_\_\_\_

	Date	Time of Departure	Time of Return	Full particulars of Journeys and Charges		Mode of conveyance	Distance in miles if private car used	Travelling		Subsistence		No. of Lecturing hours	Lecturer fee (if any)	Misc. (attached receipts)	
				From	To			€	c	€	c		€	€	c
1															
2															
3															
4															
5															
6															
7															
8															
<b>TOTAL</b>															

RSI Number \_\_\_\_\_

*(failure to supply PPS Number will result in delay in fee payment)*

Please state your current P.R.S.I. class in your main employment. \_\_\_\_\_

Checked \_\_\_\_\_ (Signature)

I certify that (a) the expenses charged have been actually and necessarily disbursed in relation to the above courses;

(b) the particulars furnished herein are in all respects true and; (c) no claim in respect of the same period has or will be made elsewhere.

Signature: \_\_\_\_\_ (Claimant) Date: \_\_\_\_\_

This completed claim form should be submitted to the Course organiser immediately after the course.

Claim approved for payment

Signature \_\_\_\_\_ (Course Organiser)

Tutors Fee \_\_\_\_\_

less PAYE \_\_\_\_\_

less PRSI \_\_\_\_\_ = \_\_\_\_\_

Appendix \_\_\_\_\_  
Date: \_\_\_\_\_

<b>Plus Travel</b>	_____		
<b>Plus Subsistence</b>	_____		
<b>Plus Misc.</b>	_____	=	_____
<b>GRAND TOTAL</b>		=	_____