

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) _____

HOME ADDRESS: _____

OFFICE ADDRESS _____

(2) DETAILS OF CAR (if used) _____

ENGINE C.C. _____

INSURANCE CO. _____

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: _____

Driving Minister Quinn.
(purpose of each journey should be shown)

DATE	TIME OF		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cos)	SUBSISTENCE EXPENSES (RATE)	
	DEP.	RET.	FROM	TO						
5/9	7AM	24.00	Dublin to Carlow	+ Return	—	—	—	—	33.61	10
15/9	7AM	24.00	Dublin to Cork	+ Return	—	—	—	—	33.61	10
16/9	7AM	29.00	Dublin to Tullamore	+ Return	—	—	—	—	33.61	10
21/9	10AM	21.00	Dublin to Armagh	+ Return	—	—	—	—	33.61	10
SUB. TOTALS										0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL

0

LESS IMPREST (IF ANY)

TOTAL PAYMENT

134.44⁰

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: _____

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
- (b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct
- (d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period
- (e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) _____

GRADE _____

DATE _____

EXTN.: _____

SECTION AND LOCATION: _____

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
- (b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
- (c) This claim is to be charged to _____ COST CENTRE _____

SIGNATURE (of certifying officer) _____

GRADE _____

DATE _____

EXTN.: _____

For use in Home Travel:

Examined _____

Ctd. For payment _____

AMOUNT € _____

SUBHEAD CODE _____

Date _____

Date _____

COST CENTRE _____

HEO 21/9 2221.

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) _____

HOME ADDRESS: _____

OFFICE ADDRESS _____

(2) DETAILS OF CAR (if used) _____

ENGINE C.C. _____

INSURANCE CO. _____

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: _____

DRIVING MINISTER QUINN

(purpose of each journey should be shown)

DATE	TIME OF		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
	DEP.	RET.	FROM	TO					
3/8	9 AM	-	Dublin to Roundstone		CAR	-	-	-	108.99 01
	-	11 PM	Roundstone to Dublin		CAR	-	-	-	33.61 10
5/8	9 AM	-	Dublin to Roundstone		CAR	-	-	-	108.99 01
6/8	-	9 AM	Roundstone to Dublin		CAR	-	-	-	-
16/8	7 AM	-	Dublin to Roundstone		CAR	-	-	-	108.99 01
18/8	-	1 PM							108.99 01
SUB. TOTALS								0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL

0

LESS IMPREST (IF ANY)

TOTAL PAYMENT

469.57

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: _____

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
 (b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct
 (d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period
 (e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) _____

GRADE _____

DATE

21/9

EXTN.:

2221

SECTION AND LOCATION: _____

Minister's Office

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
 (b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
 (c) This claim is to be charged to _____ COST CENTRE _____

SIGNATURE (of certifying officer) _____

GRADE _____

DATE

21/9

EXTN.:

2221.

For use in Home Travel:

Examined _____

Ctd. For payment _____

AMOUNT € _____

SUBHEAD CODE _____

Date _____

Date _____

COST CENTRE _____

DEPARTMENT OF EDUCATION AND SCIENCE
(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) _____

X HOME ADDRESS: _____
OFFICE ADDRESS: DE'S MARLBOROUGH Street.

(2) DETAILS OF CAR (if used) ENGINE C.C. _____ INSURANCE CO. _____

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: Ministers DRIVER
(purpose of each journey should be shown)

DATE	TIME OF		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cos)	SUBSISTENCE EXPENSES (RATE)
	DEP.	RET.	FROM	TO					
29/7	5pm		Dept to GALWAY		CAR	/	/		108.99 (c)
30/7		5pm	GALWAY to Dept			/	/		
25/8	7AM	6pm	Dept to GALWAY + return		CAR	/	/		33.61 (u)
7/10	9AM	3pm	Dept to Athlone + return		CAR	/	/		13.71 (5)
SUB. TOTALS								0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY) _____

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: _____

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
 (b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct
 (d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period
 (e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

X SIGNATURE (of Claimant) _____ GRADE _____ DATE _____ EXTN.: _____

SECTION AND LOCATION: _____

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
 (b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
 (c) This claim is to be charged to COST CENTRE H20

SIGNATURE (of certifying officer) _____ GRADE _____ DATE 14/10 EXTN.: 2221

For use in Home Travel: Examined _____ Cld. For payment _____ AMOUNT € _____
 Date _____ Date _____ SUBHEAD CODE _____
 COST CENTRE _____

Skills.

5

DEPARTMENT OF EDUCATION AND SCIENCE
(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) _____ PPSN: _____

HOME ADDRESS: _____

(2) DETAILS OF CAR (if used) ENGINE C.C. _____ INSURANCE CO. _____

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: DRIVING MINISTER QUINN
(purpose of each journey should be shown)

DATE	TIME OF*		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE (PENNS rate)
	DEP.	RET.	FROM	TO					
			REIMBURSED ON PREVIOUS CLAIM						
30/9	7:30am	6pm	DUBLIN	MULTYFERNAM	CAR				33.61
30/9	7:30am	6pm	DUBLIN	MULTYFERNAM	CAR	✓			33.61
2/10	7:30am	6pm	DUBLIN	TRIN	CAR	✓			33.61
28/10	7:30am	8pm	DUBLIN	ROUNDSTONE	CAR	✓			33.61
28/11	7:30am	6pm	DUBLIN	CASTLEBAR	CAR	✓			33.61
SUB. TOTALS								€168.05	

*WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL

LESS IMPREST
(if any)

TOTAL PAYMENT

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct.
(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period.
(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) _____ GRADE _____ DATE 6/12/11 EXTN.: _____

SECTION AND LOCATION: Minister's Office

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
(c) This claim is to be charged to COST CENTRE

SIGNATURE (of certifying officer) _____ GRADE HCO DATE 6/12/11 EXTN.: 2221

For use in Travel Section:

Examined _____ Ctd. for Payment _____ AMOUNT € _____
Date: _____ Date _____ SUBHEAD CODE _____
COST CENTRE _____

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) [REDACTED]

X HOME ADDRESS: [REDACTED]
OFFICE ADDRESS DES Marlborough Street

(2) DETAILS OF CAR (if used)

ENGINE C.C. _____

INSURANCE CO. _____

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY:

Minister's Driver
(purpose of each journey should be shown)

DATE	TIME OF		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
	DEP.	RET.	FROM	TO					
23/5	9 AM	2 pm	Dept to Drogheda	+ Return	/	/	/		13.71 (51)
2/6	9 AM	7 pm	Dept to Athlone	+ Return	/	/	/		33.61 (106)
30/6	5 pm	-	Dept to Galway		/	/	/		108.99 (91)
1/7	-	5 pm	Galway to Dept		/	/	/		
3/7	9 AM	10 pm	Dept to Galway	+ Return	/	/	/		33.61 (106)
27/7	3 pm	-	Dept to Donegal		/	/	/		108.99 (91)
28/7	-	3 pm	Donegal to Dept		/	/	/		
SUB. TOTALS									0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL

0

LESS IMPREST (IF ANY)

TOTAL PAYMENT

0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
- (b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct
- (d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period
- (e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

X SIGNATURE (of Claimant) [REDACTED]

GRADE _____

DATE _____

EXTN.: _____

SECTION AND LOCATION: _____

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
- (b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
- (c) This claim is to be charged to

COST CENTRE

HEO

14/10

2221

SIGNATURE (of certifying officer) [REDACTED]

GRADE _____

DATE _____

EXTN.: _____

For use in Home Travel:

Examined _____

Ctd. For payment _____

AMOUNT € _____

Date _____

Date _____

SUBHEAD CODE _____

COST CENTRE _____

File

DEPARTMENT OF EDUCATION AND SCIENCE
(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) _____ PPSN: _____

HOME ADDRESS: _____

(2) DETAILS OF CAR (if used) ENGINE C.C. _____ INSURANCE CO. _____

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: DRIVING MINISTER QUINN
(purpose of each journey should be shown)

DATE	TIME OF*		JOURNEY		MODE (car or public transport)	KM	RATE PER KM	COST (incl. publ. transport cost)	SUBSISTENCE EXPENSES (rate)
	DEP.	RET.	FROM	TO					
7/5/11	10 AM.	7/5/11 9 PM.	Dublin	To Wicklow	CAR	100			✓ 33-61
12/5/11	7 AM.	13/5/11 10 PM.	Dublin	To Tullamore	CAR	200			✓ 142-60 9/11
16/5/11	7 AM.	16/5/11 10 PM.	Dublin	To Drogheda	CAR	120			✓ 33-61
26/5/11	7 AM.	26/5/11 9 PM.	Dublin	To Limerick	CAR	320			✓ 33-61
28/5/11	9 AM.	28/5/11 9 PM.	Dublin	To Gorey	CAR	200			✓ 33-61
SUB. TOTALS									275.74

*WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL

277.04

LESS IMPREST
(if any)

TOTAL PAYMENT

275.74

277.04

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

(4) DECLARATION BY CLAIMANT:

I declare that:

- (a) The subsistence and other allowances that I claim are correct according to the relevant regulations.
(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct.
(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period.
(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) _____ GRADE DRIVER DATE 7/6/11 EX. N.: _____

SECTION AND LOCATION: MINISTER QUINN'S OFFICE

(5) APPROVAL OF CLAIM

I certify that:

- (a) The particulars furnished are correct and in accordance with relevant regulations.
(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.
(c) This claim is to be charged to COST CENTRE HEO(P/S) 13/6/11 2221

SIGNATURE (of certifying officer) _____ GRADE _____ DATE _____ EX. N.: _____

For use in Travel Section:

Examined _____ Cld. for Payment _____ AMOUNT € _____
Date: _____ Date _____ SUBHEAD CODE _____
COST CENTRE _____