

# TPN LECTURER'S CLAIM FORM FOR EXPENSES/FEES - Appendix 2

**This form must be approved by TPN organiser and returned to its Nominated Ed Centre**



TPN Organiser: \_\_\_\_\_

Branch: \_\_\_\_\_ Reference code: \_\_\_\_\_

TPN Event: \_\_\_\_\_

Venue: \_\_\_\_\_

Name (of claimant): \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email (in CAPS): \_\_\_\_\_

School/EC Base address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If private car used, please state make, model and registration number: \_\_\_\_\_

Engine Capacity/cc

Rate per Kilometre

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

Date	Departure time	Return time	From Home/Base/Venue	To Home/Base/Venue	Distance in Kilometres	Travelling €	Subsistence €	Deduct for meals €	No. of Lecturing Hours	Lecturer Fee (if any) €	Misc €	Details of Misc (Attach Receipts)
<b>PPS NO</b>					<b>Total</b>							

**PRSI CLASS:** \_\_\_\_\_ (Failure to supply PPS Number and PRSI Category will result in delay in fee payment)

Bank Name:	
BIC:	IBAN:
Name of account holder (if different):	

Company Name:	Gross Taxable:	Other:
Department Code:	PAYE:	
Checked by:	PRSI Employee:	
Passed for payment:	NET Paid:	
Authorised by:	Employer PRSI:	
Cheque No:	Date:	Total Charge:

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; (c) no claim in respect of the same period has or will be made elsewhere; (d) I have ensured that all rates of travel claimed are in line with up to date travel and subsistence regulations and take into consideration travel and subsistence paid through other sources; (e) I am aware that the State will accept no liability in respect of any loss, injury or damage of any description resulting from my use of a private motor vehicle on official business whether the risk is or is not covered by the policy of insurance; and (f) the subsistence and other allowances that I claim are correct according to the relevant regulations.

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

Approved by TPN: Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_