

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

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



**All sections must be filled in BLOCK CAPITALS**

TPN Organiser: \_\_\_\_\_  
 TPN Event: \_\_\_\_\_  
 Name (of claimant): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 School/EC Base address: \_\_\_\_\_

Branch: \_\_\_\_\_ Reference code: \_\_\_\_\_  
 Venue: \_\_\_\_\_  
 Date & Time of Event: \_\_\_\_\_  
 Email (in CAPS): \_\_\_\_\_  
 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	Time of Dep	Time of Return	Itinerary		Distance in Kilometres	Travelling Euro	Subsistence Euro	Deduction for Meals Provided	No. of Lecturing Hours	Lecturer Fee (if any) Euro	Misc Euro	Details of Misc (Attach Receipts)
			From	To								
PPS No.	<b>Total</b>											

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

**Bank Name** \_\_\_\_\_  
**Branch address** \_\_\_\_\_  
**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 the new rates effective from 01/04/17; (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 \_\_\_\_\_