

TPN CLAIM FOR ALLOWANCES IN RESPECT OF ATTENDANCE AT:

If filled by hand please use CAPITALS

TPN event name			
TPN initials		Venue	
Course Date(s)		Course Times	
Participant's Name			
SCHOOL NAME & ADDRESS		HOME ADDRESS	
		EMAIL:	
BIC:		IBAN:	

Travel regulations: Participants are entitled to a refund of the cost of bus or train fares. Travel allowances will be in respect of travel from home or school, **whichever is nearer to the course venue** – please supply both addresses above. **Kilometre** allowance may not be paid in respect of claimants who have travelled less than **16 Kilometres** (single journey) to the course and only where public transport is not available. The rate for Teachers' Travel Allowance is 16.92 cents per Kilometre.

	Bus/Train Fare	From Where	To Where	KILOMETRES travelled if own car used
Journey to Course centre				
Journey from Course centre				
Total				Kilometres travelled per day

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

If an overnight stay was required TES rates will apply. Please indicate the number of nights involved

Certificate:

I certify that (a) I was in full-time attendance at this course and that all the information given here is true; (b) the expenses charged have been actually and necessarily disbursed in relation to the above courses; (c) the particulars furnished herein are in all respects true; (d) no claim in respect of the same period has or will be made elsewhere; (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 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.

Signed: _____ Claimant

Date: _____

Approved by _____ Tutor/Treasurer/Coordinator

Date: _____

Please return to the appropriate coordinator

Company Name:	Amount for travel	
Department Code:	Amount for overnight	
Checked by:	Amount for Subsistence	
Passed for Payment:	TOTAL	
Authorised by:	Ref in Proposal:	
Cheque No: _____ Date: _____		