**Daily Travel, Overnight and Childcare Claim Form**

**Travel** □ **Overnight** □ **Childcare** □

 **Section 1**

**Supporting Documentation Required:**

Attendance Record from Course Provider □ Print out of Route Planner displaying Journey Distance □

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| **Name of Applicant:**  | **Programme:** |

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| --- | --- |
| **Address:** |  |
|  |  |
|  | **Phone No:** |

|  |  |
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| **PPSN:** | **E : mail**  |

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| **Course Details (please use block letters)** |
| **Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Course Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Course Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QQI Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Course Start Date:** | **Course Finish Date:** | **Full Time**Yes □ No□ | **No. of Days for this claim:** |

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| **Client Confirmation**I certify that:(a) Travel allowances claimed are for attendance on approved programmes only(b) Particulars furnished are herein all respect true(c) No claim in respect of the same period has been **or** will be made against a State Department or elsewhere(d) All supporting documentation, as specified above are attached(e) I understand that all Travel claims must be submitted monthly(f) I understand that failure to submit Travel claims monthly will result in the claim being disallowed**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**Internal Unit Use Only**

|  |  |
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| **Client Eligibility:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Previous Travel Claims:** **Year 1\_\_\_\_\_\_\_\_\_\_\_ Year 2: \_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
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| **Claim Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Authorised Signature** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 2**

Please complete this page inserting a new line for every day you attend. Insert €12.78 per day in Band 1 column or €17.04 per day in Band 2 column, depending on the distance of your one way journey.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Details of Journey** | **Purpose of Journey**  | **Daily Rate** | **Childcare** | **Overnight Contribution** |
| **Depart** | **Return** | **From** | **To** | Band 1 (up to 48 kms) | Band 2 (over 48 kms) |
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| **SUBTOTAL** |  |  |  |  |
| **Less Deductions (Travel Allowance etc)** |  |  |  |  |
| **Total** |  |

Should you have any queries in completing this claim form, please contact the SOLAS Unit for support and direction