

Leave of Absence & Travel Expense Claim (Non Portal Users Only)

Form **T01.7** 14.09.21

TRIP ID: _____

ETR Ref: _____

Claimant Details

Staff / Student ID _____

Name	_____
Address	_____ _____ _____

Motor Allowances *

		Estimated	Actual
Travelling From	_____ Travelling To _____		
Make & Model	_____ Engine Size (cc) _____		
Distance (Km)	_____ Rate per Km * _____		

Event / Function (attach a copy of conference / seminar schedule where applicable)

Function	_____		
Location	_____		
Date of Function	_____	Times of Function	_____
Date Depart Home	_____	Time Depart Home	_____
Date Arrive Home	_____	Time Arrive Home	_____

Subsistence Allowances (covers accommodation and all meals)

		Estimated	Actual
Overnight (24 hours or over)	_____ @ € _____		
Conference (24 hours or over)	_____ @ € _____		
Full Day (over 10 hours)	_____ @ € _____		
Half Day (over 5 hours)	_____ @ € _____		
Hotel Bill (<u>only</u> where specified as part of subsistence rate)	_____		

Foreign Travel (where cost > €1,000 OR where more than one person travelling to event)

Please provide a brief justification for this expense include benefit to Institute.

Other Expenses (receipts must be attached)

		Estimated	Actual
Flights (as per ETR), Rail, Bus, Taxis, Parking, Tolls, Entry Fees etc. - Please specify			

Approval

Claimant	_____	Date	_____
Approved by	_____	Date	_____

Totals

Dept./Project Code _____	Less Advance (if applicable)	Estimated	Actual
	€ _____	€ _____	€ _____

FOR OFFICE USE ONLY

Funds Check	Foreign Travel Approval	Processed	Payment Approved
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