

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
Rail, Bus, Taxis, Parking, Tolls, Entry Fees etc. - Please specify		

Approval

Claimant _____ Date _____
 Approved by _____ Date _____

Totals

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

FOR OFFICE USE ONLY

Funds Check	Foreign Travel Approval	Processed	Payment Approved
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