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DIVERSITY CHALLENGESClaim for Travelling and Other Allowances

Period:

TOTAL CLAIMED €

Name: _____

Total KM expenditure €

	Addre	ess:									
	CC ca										
Day	Date	Depart Time	Return Time	Made from	Made To	Specify the DC business conducted	Mode of transport Car/Bus/tr ain etc	Kilometer	Subsistence e.g. Meals overnight	Other expenses	Details Rail ticket Parking etc
							TOTALS				
							KM @ st				
							rate				
	For rat	es see over									



Declaration: I declare that the expenses claimed have actually and necessarily been incurred by me on DIVERSITY CHALLENGES business and that no

Total other expenses €

Total subsistence expenditure €

other claim will be made. against any other project or agency. This is accordance with the relevant guidance and National Rules.

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SIGNED:		GRAND TOTAL	=€	
SIGNATURE OF (CERTIFYING OFFICER:			
Diversity Challenge	es uses BACS for all its payments s	o please give		
Bank Acc No	Sort code	Acc Name		
ALL EXPENDITU	TRE MUST BE ELIGIBLE, PROF	PERLY INCURRED AND DEFRAYED B	BEFORE BEING INCLUDED IN	I CLAIMS FOR GRANT.

Revenue Commissioners

SP - IT/2/07

Motor Travel Rates

Motor Travel Rates in a Calendar Year						
Engine Capacity	Up to 1200 cc	1201cc to 1500 cc	1501cc and Over			
	Cent	Cent	Cent			
Up to 6437km	39.12	46.25	59.07			
6438km and Over	21.22	23.62	28.46			

