

RCNI Member Expense Claim Form (Version January 2017)

ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS (see policy notes below)

Name of person claiming expenses:				Name of RC Centre:										
Expense Date (max one date per line pls)	Reason for Expenditure e.g. name of event or meeting	Travel From (for transport claims)	Travel To (for transport claims)	Enter Kms (if by car)	Trip Cost at .56c per km**	Public Transport	Taxi	Parking & Tolls	Day Subsist	Overnight Subst	Accomm odation	Child Care	"Other"	"Other" Short Description
				km	€	€	€	€	€	€	€	€	€	
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Column Totals					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Expense Claimant's Signature:		Date:		RCNI Approval Signature:		TOTAL CLAIM:	€	-
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> Payment will be made electronically. If this is your first claim, please provide your IBAN, BIC and your account name - which you will find on your bank statement.
 > All claims must be submitted within two months of the expense being incurred except for year-end when all claims must be received before the end of December.
 > Please read the RCNI expense policy notes below carefully before completing this form.
 > ** For claims relating to the CSVC fund, the €0.39 per km rate will apply

Expense Claimant's Notes:	
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