TPN CLAIM FOR ALLOWANCES IN RESPECT OF ATTENDANCE AT:

|  |
| --- |
| *If filled by hand please use* **CAPITALS** |
| **TPN event name** |  |
| **TPN initials** |  | **Venue** |  |
| **Course Date(s)** |  | **Course Times** |  |
| **Participant’s Name** |  |
| **SCHOOL NAME & ADDRESS** | **HOME ADDRESS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **EMAIL:**  |
| **BIC:** | **IBAN:** |

**Travel regulations:** Participants are entitled to a refund of the cost of bus or train fares. Travel allowances will be in respect of travel from home or school, **whichever is nearer to the course venue** – please supply both addresses above**. *Kilometre***allowance may not be paid in respect of claimants who have travelled less than **16 Kilometres** (single journey) to the course and only where public transport is not available. The rate for Teachers’ Travel Allowance is 16.59 cents per Kilometre.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Bus/Train****Fare** | **From****Where** | **To****Where** | **KILOMETRES travelled if own car used** |
| Journey **to**Course centre |  |  |  |  |
| Journey **from**Course centre |  |  |  |  |
| **Total travelled per day** Kilometres |  |

If public transport was not used please state the reason/s:

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| --- |
|  |

If an overnight stay was required TES rates will apply. Please indicate the number of nights involved

**Certificate:**

I certify that (a) I was in full-time attendance at this course and that all the information given here is true; (b) the expenses charged have been actually and necessarily disbursed in relation to the above courses; (c) the particulars furnished herein are in all respects true; (d) no claim in respect of the same period has or will be made elsewhere; (e) I am aware that the state will accept no liability in respect of any loss, injury or damage of any description resulting from my use of a private motor vehicle whether the risk is or is not covered by the policy of insurance; and (f) the subsistence and other allowances that I claim are correct according to the relevant regulations.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claimant **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Tutor/Treasurer/Coordinator **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please return to the appropriate coordinator

|  |  |  |
| --- | --- | --- |
| **Company Name:** | **Amount for travel** |  |
| **Department Code:** | **Amount for overnight** |  |
| **Checked by:** | **Amount for Subsistence** |  |
| **Passed for Payment:** | **TOTAL** |  |
| **Authorised by:** | **Ref in Proposal:** |
| **Cheque No: Date:**  |