

**SWIM IRELAND
TRAVEL EXPENSES CLAIM FORM – 2018/19**

Name:		Role:	
Address:			
Telephone:			
Purpose of Claim:			
Venue:		Date(s):	

Travel			
From:		To:	
Miles:		Rate:	
Rail:		Bus:	
Taxi:		Flight:	

Journey	Rate (€)	Journey	Rate (€)
Dublin – Galway (Return)	105	Cork – Limerick (Return)	50
Dublin – Limerick (Return)	100	Cork – Dublin (Return)	130
Dublin – Belfast (Return)	85	Cork – Galway (Return)	100
Galway – Limerick (Return)	50	Cork – Belfast (Return)	210
Galway – Belfast (Return)	185		
Limerick – Belfast (Return)	180		

Accommodation			
Hotel:		Restaurant:	
Other:		Other:	
Rail:		Bus:	
Taxi:		Flight:	

Other Expenses (Please give details)

Total Expenses Claimed	
EURO TOTAL EXPENSES CLAIMED	€
STERLING TOTAL EXPENSES CLAIMED	£

**Sterling payments will be calculated by Swim Ireland as per current foreign currency rates*

SIGNED: _____ DATE: _____

It is Swim Ireland policy to pay by bank transfer so please ensure to include bank details:

Bank Account details:		Name on A/C:	
IBAN:		BIC:	

Claims MUST be submitted on a monthly basis, no later than the first Friday of the following month

Completed form with receipts and/or maps must be returned to the
waterpolo@swimireland.ie and wptreasurer@swimireland.ie

Please ensure all expenses are in line with the allowable expenses by Ireland Water Polo which is on the Swim Ireland website: www.waterpolo.ie