



**An Roinn Gnóthaí Fostaíochta
agus Coimirce Sóisialaí**
Department of Employment Affairs
and Social Protection

**TRAVEL EXPENSE CLAIM
FOR COMMUNITY EMPLOYMENT
SUPERVISOR/JOB INITIATIVE TEAM LEADER**

Car Make: _____

Car Model: _____ c.c.: _____

Project Name _____ Project Ref: _____

Supervisor Name _____ Total claimed year to date including this claim _____ (km)
(FROM COMMENCEMENT OF CURRENT PROJECT)

Date	Time		Details of Journey		Purpose/Nature of Journey	Persons Met	Kms
	Depart	Return	From	To			
Total Km							
Rate Per KM							
Total							

Signed: _____ Date: _____
Supervisor

I confirm that in relation to the claim above, the travel undertaken by the Supervisor was used exclusively for the above project.

Signed: _____ Print Name: _____ Board Position: _____ Date: _____

DATA PROTECTION STATEMENT
Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.