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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Details of Journey</th>
<th>Purpose/Nature of Journey</th>
<th>Persons Met</th>
<th>Kms</th>
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<td>Depart</td>
<td>Return</td>
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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.