



LAW SOCIETY  
OF IRELAND

*Law School*

**CONTRIBUTOR TRAVEL EXPENSE CLAIM FORM**

NAME		Date	
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DATE	COURSE NAME	TO	FROM	KM	PER KM	€
					0.43	
					0.43	
					0.43	
					0.43	
					0.43	
					0.43	

<b>TOTAL KM</b>						
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**Total Travel Expenses Claimed €** -

<p><b>I certify that</b> (a) the travel expense claimed were necessarily incurred by me in respect of the Law Society of Ireland; and (b) the particulars furnished herein are in all respects true.</p>	Signed _____ Date _____
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