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| **Council/Committee Expenses Claim Form****1st August 2022** |



Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Date*** | ***Committee Meeting*** | ***Km/******miles*** | ***Travel \*******€*** |  ***Accom \*\*******€*** | ***Total******€*** |
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**Claimant’s Signature:**

#### For Office Use

30065 MTB&B

Name Period

Approved:

**Firm Name & Address:**

**Claims/Submission**: Claim forms must be submitted **quarterly**. Expenses not claimed within 12 months will not be paid. Receipts (not credit card slips) must be attached for accommodation and food expenses.

**All payments will be made by EFT**: Please complete bank details on reverse, if not already provided.

**CONDITIONS**

\* **Travel Expenses:** Travel via Irish Rail should be the first transport option. You may claim the cost of a first class return rail fare or, where you use your own car, **55c per kilometre** irrespective of engine size. Please specify number of kilometres. Taxi and parking costs associated with travelling to/from meetings may be claimed on a **vouched** basis. **Air Travel:** This should be the exception unless time constraints or economies dictate otherwise. Air travel claims must be **vouched**.

**Please note:** There are **four electric vehicle charging points** at Blackhall Place. You need to **register** for this service. Please contact Wilhelmina Ryan on 01 672 4997 or w.ryan@lawsociety.ie

**\*\* Accommodation Expenses:** The maximum allowance is **€200 for an overnight stay**. In exceptional circumstances where €200 is not adequate an explanation should be written on the hotel bill. Where an overnight stay is required, **a contribution of €55 towards the cost of dinner**. **All claims must be vouched.** Six rooms have been block booked in the **Ashling Hotel** for the Thursday night prior to Council Meetings. To avail of these rooms contact Gayle Ralph on 01 672 4866 or g.ralph@lawsociety.ie.

**Please note:** Vouchers must be submitted with all claims. The Law Society may be obliged to deduct income tax/USC for any claims submitted without vouchers

**COUNCIL/COMMITTEE MEMBER EFT DETAILS**

**Account Name:**

**Bank:**

**Branch:**

**BIC:**

**IBAN:**

**E-mail\*:**

 **\* to confirm remittance advice**

**Signed:**

Please ensure that the bank details provided are correct. The Law Society is not responsible for recompensing if incorrect bank details have been provided.

**Return address**

Please return completed claim forms to:

Accounts Payable

Law Society of Ireland

Blackhall Place

Dublin 7

D07 VY24

DX 79

Email: accountspayable@lawsociety.ie