

## BSc. Student Claim Form for Accommodation and Travel Allowance

Please submit one claim form per block of clinical placement

Payee No. ....

*Please state clearly your payee number if you have claimed previously or received payment of expenses. This number can be found on the remittance slip attached to your previous payment of expenses*

**Name:** ..... **Address for Payment:** .....

**Cohort:** .....

**Student No:** .....

Please state Normal Place of Residence in section below.

<b>ACCOMODATION Allowance</b>							<b>OFFICE Use ONLY</b>
Normal Place of Residence:							
Date From	Date To	Placement				Claim Amount	Amount Due
<b>Total ACCOMODATION Claim</b>							<b>Total Amount Due</b>
<b>TRAVEL Allowance</b>							<b>OFFICE Use ONLY</b>
Date From	Date To	Placement	Bus	Train	Other	Claim Amount	Amount Due
<b>Total TRAVEL Claim</b>							<b>Total Amount Due</b>

If you have changed address since last payment please update on this form, your new address.

**Claimant:**

I confirm that the above has been undertaken by me during my clinical placement.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ and my normal place of residence stated above is correct.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Claimant

**Please attach all receipts.**

**Claim form must be submitted with attendance forms within two weeks of completion of block of clinical placement to your Allocation Officer.**

<b>HSE West</b>	
<b>Invoice Processing Stamp</b>	
A/P Supplier No:	_____
G/L Code:	_____
Registered By:	_____ Date: _____
Certify Gds/Svs Rec:	_____ Date: _____
Certified for Paymet By:	_____ Date: _____