



All Ireland Gerontological Nurses Association (AIGNA)

EXPENSE CLAIM FORM

Name:

Address:

Reason for expenses:

General Expenses *(include receipts for all items – tolls, parking & public transport)*

Date	Expenses incurred	Receipt	Amount	Approved by
(a) Total General Expenses			€	

Travel by car *(record tolls & parking as general expenses)*

Date	Travel From	Travel To	km	miles	Amount <small>0.32cent/mile</small>
Travel By Car Approved By:		(b) Total Travel by Car Expenses			€

All expenses including travel & travel by car to be approved in advance
(refer to AIGNA reimbursement of expenses policy)

Total amount claimed <i>(a) + (b) above</i>	€
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Signature: _____

Please forward completed expenses form with receipts to:

Treasurer, AIGNA, PO Box 12706, Dublin 15

Office use only

Total amount paid <i>(a) + (b) above</i>	€
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Signed: _____ **Signed:** _____

Date: _____