Emerald Nursing

EMERALD NURSING EMPLOYEES - MILEAGE & EXPENSES FORM 2024

Form **ENL ME1**

FULL NAME:		**CAR REGISTRATION:**	
HOME ADDRESS:		**ENGINE CAPACITY:**	
POSITION:		**ENGINE TYPE:**	
AUTHORISED BY:		**PETROL/ DIESEL/ ELECTRIC**	

DATE OF JOURNEY	BUSINESS REASON FOR JOURNEY	DETAIL OF JOURNEY			DETAILS OF OTHER EXPENSES - ATTACH RECEIPTS	FULL DISTANCE TRAVELLED (ROUND TRIP - 100KM)	CAR JOURNEY RATE (CENTS PER KM)	CAR JOURNEY COST (EURO)	OTHER COST (EURO)	VAT (EURO)	TOTAL COST (EURO)
		STARTING POINT (Home Address)	PLACE OF WORK	FINISHING POINT (Home/Accommodation Address)							
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
							€0.30				
								€0.00	-		€0.00

EMPLOYEES SIGNATURE			
DATE			
OFFICE USE ONLY			
MANAGER NAME			
MANAGER SIGNATURE			
DATE			
TOTAL CLAIMED			
TOTAL PAID		INPUT BY	

Please Note:

Mileage is not paid for the first 100km (roundtrip) travelled **per shift** - only the mileage over and above this will be reimbursed.

Please include the **FULL mileage** of your journey in the shaded column

If the shift that you are offered is 50km or less, we are unable to pay any costs towards travel, these are considered normal costs associated with work