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| **University College Dublin****Resourcing Expenses Claim Form for External Assessors****UCD HR** |
| **Job Reference/Vacancy N⁰:**  | **Post Title:****HR Administrator:** | **School/Unit:**  |
| **Name:****PPS No:**A PPS number is your Personal Public Service number in Ireland.  Overseas claimants who do not have a PPS number can state N/A. |
| **Departure Date:** | **Interview Date:** |
|  | **Postal Address:** |
| **Departure****Date:** | **Arrival****Date:** | Travel Details: | Cost:(*Please specify currency*) | **Bank Details:** |
|   |  |  | **Travel** | **Accommodation & Vouched Meal** | **Total** **Amount** | Claimant’s Email Address:

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Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account N⁰: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sort Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing No: |
|  |  |  |
| Due to the date and time of interview, it was necessary for my travel arrangements to incorporate an overnight stay of **\_\_\_** night(s) in Dublin. |
| **Claimants Signature:**  | **Date:** | **FOR OFFICE USE ONLY:** |
| **Note**: | * Guidelines for travelling costs are as follows:

Travelling by train or bus from within Ireland (including Northern Ireland) €85Travelling from Great Britain €250Travelling from mainland Europe €350Travelling from all other locations €900* Guideline for overnight accommodation cost is €205.53 per night up to 2 nights.
* In the event your costs exceed the guidelines above, please contact your resourcing administrator or hrhelpdesk@ucd.ie
* Please go to <https://www.ucd.ie/hr/resourcing/coreexternallyfundedresourcing/interviewexpenses/> for further details, FAQ’s and download the UCD Expense Claim Form. **(All receipts must be presented with a completed Expense Claim Form)**
 | **Travel**: |  |
| **Vouched Meal & Accommodation**: |  |
| **TOTAL:** |  |
| Requested by (HR): |  |
|  | Date: |  |
| Date claim sent to the Bursar’s Office: |  |