PLEASE FAX SIGNED EXPENSE CLAIM TO: (01) 665 0473

ALL EXPENSE CLAIMS MUST BE RECEIVED BY THE PAY-ROLL DEPARTMENT BY NOON MONDAY

Priority Placements (Ireland) Ltd
51/52 Fitzwilliam Square West,
Dublin 2
payroll@priorityplacements.ie

EXPENSE CLAIM

Name:

Date Submitted: __/__/201__

SUMMARY OF EXPENSES INCURRED
Please note: <u>ALL</u> expenses must be accompanied by a valid Tax receipt

Date Incurred:	Vendor:	Reason For Expense	Amount €:
Example: 1/1/2003	*Taxi*	*Travel home from Dublin Airport*	*€ 11.25*
			€
			€
			€
			€
			€
			€
			€
			€
			€
			€
		TOTAL	**€**

I certify that the total of expenses listed above have been satisfactory incurred and that payment will be made in respect of those according to your Terms of Business as previously supplied which I have seen and accept as the basis of this transaction.

AUTHORISED SIGNATORY: **DATE:**

PRINT NAME PLEASE: **POSITION:**