

WWETB - Appeals Examiner Claim Form

(must be completed electronically and forwarded to eaquality@wwetb.ie)



wwetb
Bord Oideachais agus Oiliúna
Phort Láirge agus Loch Garman
Waterford and Wexford
Education and Training Board

EA Details			
EA Name:		PPSN:	
Address:		Eircode:	
Contact No:		Contact Email:	

Appeal Examiner Details (€325 per day)			
FET Centre Name:		FET Centre Eircode:	
Start Date: (dd/mm/yyyy)		End Date: (dd/mm/yyyy)	
No of Days:	<i>Enter Start and End Dates</i>	TOTAL:	

Car Details			
Make:		Model:	
Engine Capacity:	<i>up to 1200cc</i>	Car Registration:	
Distance Band (supporting documentation is required if Band 1 not chosen):			<i>Band 1 0 – 1,500 km</i>

Travel Details			
(Kms will be calculated using Google Maps shortest route. Please enter return journey on separate line)			
Travel Date (dd/mm/yyyy)	FROM (include Eircode) & Departure Time	TO (include Eircode) & Arrival Time	Kms
TOTAL KMS			0
TOTAL CLAIMED			€0.00
PUBLIC TRANSPORT/TOLLS/PARKING CLAIM AMOUNT			

(Receipts/proof of purchase must be forwarded along with this claim)

Subsistence		
Select Number of Hours	Subsistence Rate	
Day 1		€0.00
Day 2		€0.00
Day 3		€0.00
TOTAL SUBSISTENCE CLAIMED		€0.00

TOTAL TRAVEL AND SUBSISTENCE CLAIMED €0.00

EA Signature:

Date:

Examiner Signature:

Date: