Claim Form – QQI Appeal Examiner

Appeal Examiner Name:	Home Address:	
Centre Name: (where Appeal was conducted)	Eircode:	
Date(s) of Appeal visit:	PPS Number:	Telephone:
Invoice Date:	Email:	
Awards and Level:		

Daily Appeal Rate:	€250 per day or part thereof.
_____ day(s) x €_250_ per day	**Total: €**

Travel:			Motor Travel Rates per km: 41.80c per km up to 1,200cc Refer to: CL 0053/2022 43.40c per km from 1,201cc to 1,500cc 51.82c per km from 1,501 and over			
Car Reg. Number:	*Car CC:*		*Car Make & Model:*			
Date	**From** (please include place & time of departure)	**To** (please include destination & time of arrival)	**Lunch Provided** Yes or No?	**Journey in KM**	**Tickets/Tolls** (must be attached)	**Total €**

Subsistence:	
_____ x €16.29 (over 5hrs)	€
_____ x €39.08 (over 10hrs)	€
_____ x €167.00 (over 24hrs)	€
Travel & Subsistence Total: €	

Signed Appeal Examiner: _____ Date: _____

Signed on behalf of WWETB: _____ Date: _____