

IRISH NURSES & MIDWIVES ORGANISATION

N/L 32400

EXPENSES CLAIM FORM ANNUAL DELEGATE CONFERENCE 2025 Wednesday, Thursday and Friday, 7th, 8th & 9th May 2025 Whites' Hotel Wexford

Name: _____ Membership No.: _____

Address: _____

Please Indicate:

Executive Council Member: _____

Branch Delegate: _____ Branch: _____

Section Delegate: _____ Section: _____

EXPENSES CLAIMED

BANK ACCOUNT DETAILS:

BIC No: _____ IBAN NO: _____

Total Kilometres at .23c per kilometre: _____ *

From: _____ to Wexford: € _____ *

(Please indicate if you shared transport and with whom: *Mileage claim by delegate claiming mileage*)

(*Delegate*: _____ *Branch/Section* _____)

Meal allowance - for members over 60 miles from base: € _____ *

- *Receipted cost of meals reimbursed* **(MUST BE ITEMISED RECEIPT - CARD RECEIPTS WILL NOT BE ACCEPTED)**

- *Unreceipted allow €8.00- lunch; €22.00 - evening meal.*

Public Transport Fare _____ € _____ *

(ITEMISED RECEIPTS REQUIRED)

Other Expenses: _____ € _____ *

(ITEMISED RECEIPTS REQUIRED)

TOTAL PAID _____ € _____ *

PLEASE ASK YOUR INDUSTRIAL RELATIONS OFFICER OR JUDE MAHER, ADC CO-ORDINATOR TO SIGN

IRO / ADC CO-ORDINATOR : _____ Date ... /05 /25

*** PLEASE NOTE INCOMPLETE EXPENSE CLAIM FORMS WILL BE RETURNED.**