

# IRISH NURSES & MIDWIVES ORGANISATION

N/L 32400

## EXPENSES CLAIM FORM ANNUAL DELEGATE CONFERENCE 2026 Wednesday, Thursday and Friday, 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> May 2026 Fairways Hotel Dundalk

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 Dundalk: € \_\_\_\_\_ \*

(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 FOR REIMBURSEMENT - CARD RECEIPTS WILL NOT BE ACCEPTED)*

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

Public Transport Fare \_\_\_\_\_ € \_\_\_\_\_ \*

**(ITEMISED RECEIPTS REQUIRED FOR REIMBURSEMENT)**

Other Expenses: \_\_\_\_\_ € \_\_\_\_\_ \*

**(ITEMISED RECEIPTS REQUIRED FOR REIMBURSEMENT)**

TOTAL PAID \_\_\_\_\_ € \_\_\_\_\_ \*

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

IRO / ADC CO-ORDINATOR: ..... Date ... /05 /26

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