**AF 180 / AF 180 (A)**

# CLAIM FOR SUBSISTENCE ALLOWANCE – NCO’S & PRIVATES

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Service No.  |
|  |  |  |  |  |  |

 (Block Letters)

|  |
| --- |
|   |

Rank: \_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_ Cost Centre Code Home Address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |   |

Station / Address: \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Departure Date Time  | 2 Arrival Date Time  | 3 Journey From To  | 4 Nature of Duty  | 5 SubsistanceAllowance €  | 6 Type PTR/Mil/CIL€  | 7 Incidental Expenses  | 8 \* Remarks  |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|  |  |  | **TOTALS** |   |   |   |   |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Car Details  |  | Make / Model  |  | Engine Capacity (cc)  |  | Reg no.  |  | Date Changed if Applicable  |
|   |   |  |  |   |   |  |  |   |
|   FOR OFFICE USE ONLY  |  |  |  |  |  |  |  |
| Class  | X1  | X2  | X3  |  | X4  | X5  |  | X6  | X7  |   |  |   |   |  |   |   |
|   | Y3  | Y4  | Y5  |  | Y6  | Y7  |  | FM  | MI  |   |  | Z2  |   |  |   |   |

# CERTIFICATE OF CLAIMANT

(a) I Certify that: (b) Imprest Received

1. The subsistence and other allowances claimed in this account are in €\_\_\_\_\_\_\_\_\_\_\_

strict accordance with the relevant regulations

1. The expenses claimed have been actually and necessarily incurred in relation to the public service
2. The particulars furnished herein are in all respects true

Signature of Claimant:

Rank:

Mil. Use

Date:

Checked

Contact Phone No:

# CERTIFICATION OF UNIT COMMANDER

I certify that the claimant is entitled to subsistence / travel / other \* allowance as shown overleaf in accordance with Defence Force Regulations / Department of Finance Sanctions, that the journeys to which this claim relates were necessarily performed in the public service and the claim is in order for payment.

\*Delete as applicable.

Signature of Unit Commander:

Name in Block Letters:

Service Number:

Rank:

PLEASE ENSURE A COST CENTRE IS

PROVIDED

Date:

Contact Phone No:

\*Particulars of incidental expenses or special items must be supported by vouchers. If own motor car is used, authority for its use to be stated as well as engine capacity