**MILEAGE DETAILS FORM**

**SUPERVISION OF TEACHING PRACTICE- CLAIM FOR TRAVELLING EXPENSES**

**UCD School of Education, Roebuck, Dublin 4**

**Name of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff No: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total number of students visited\_\_\_\_\_\_Mode of Transport\_\_\_\_\_ (Please give vehicle details on Green form)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Visit** | **Duration of Lesson** | **Name of Student** | **School** | **Journey From** | **To** | **Total Km** | **Additional Expenses** |
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Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Kilometres on this sheet\_\_\_\_\_\_\_\_\_

Head of Departments Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_