**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_