



TIPPERARY EDUCATION & TRAINING BOARD

EMPLOYEE REIMBURSEMENT FORM (EXCLUDING TRAVEL)

Employee	Name:		
Employee	Number:		
Employee	Cost Location:		
	ement Detail: e.g. Class Materials -		
Woodwor	k		
Total Amo	ount due for Reimbursement:		
	REIMBURSEMENT ANALYSI	S	
Date	Description		Amount
	TOTAL		
Signed:	Employee/Claimant	Date:	
Signed:	Drive in a 1/O and the Manager of David and 11 and	Date:	
	Principal/Centre Manager/Budget Holder		

Please Note:

All Receipts/Proof of Payment must be attached, in order to process reimbursement. The attached page only needs to be completed if you have not previously received employee reimbursements.





INSTRUCTION TO PAY EMPLOYEE REIMBURSEMENTS BY ELECTRONIC TRANSFER

Employee Name:	
Employee Address:	
_	
Employee Number:	
	BANK ACCOUNT DETAILS
Bank Sort Code:	/
Bank Account No:	
IBAN No:	
BIC No:	
Account Name:	
Bank Name:	
Bank Address:	
I hereby authorise Tippe	rary ETB to pay amounts due into the above bank account.
l understand that Tipper instructed otherwise.	rary ETB will continue to use the above bank account details unless
Signature:	Date: