

**QUALITY PEER REVIEWER CLAIM FORM (TAX RESIDENT)**

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Block letters please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of Residency for Tax Purposes – Please select the appropriate option**

II I a I am resident in Republic of Ireland. PPS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I am not resident in Republic of Ireland Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL INFORMATION**

Date(s) of Travel From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Journey(s) From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Details of Claim** | **Description** | **Rate**  | **Total Amount**(Amount should be quoted in currency in which the expense was incurred – Maynooth University will do the conversion) | **For Office Use Only** |
|  |  |  | **Euro** | **Other Currency** |  |
| **Peer Reviewer Honorarium** |  | **€1,500.00** |  |  |  |
| **Subsistence** – No. of Overnight stays |  |  |  |  |  |
| **Travel** (please indicate Train/Plane fares/Kilometres claimed). |  |  |  |  |  |
| **Other Misc. Expenses** |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |

**Signature of Claimant: Date:**

**FOR OFFICE USE ONLY**

Certified by Director of Quality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Staff No.** | **Total Amount** | **Expense Code**  | **Cost Centre** |
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| **PAYMENT DETAILS Please provide details of your bank account** |
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| Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Bank Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **IBAN Code:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **BIC /Swift Code** |  |  |  |  |  |  |  |  |

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| **US Residents**

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|  Routing No.  |  |  |  |  |  |  |  |  |  | Account No.  |  |  |  |  |  |  |  |  |  |  |  |

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**CLAIMS IN RESPECT OF QUALITY PEER REVIEW, TRAVELLING, SUBSISTENCE AND RELATED EXPENSES:**

**RULES FOR GUIDANCE OF QUALITY PEER REVIEWS**

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| **GENERAL** |
| 1. If **no** claim is being made kindly write “No Claim” on the form and return it to the Quality Office.
 |
| 1. Original Receipts detailing the expenditure and proof of payment must be submitted for all claims. Photocopies of receipts are NOT acceptable. Credit/debit card slips are proof of payment only and must be accompanied by original receipts. Maynooth University Accounts Office will not process claims without valid receipts.
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| 1. All expenses, including meals and travelling expenses should be paid by the Peer Reviewer. The University will reimburse only the peer reviewer and will not make payments to travel agencies or other bodies.
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| **HONORARIUM** |
| The Honorarium paid to Peer Reviewers is €1,500.00  |
|  |
| **SUBSISTENCE** |
|  Expenditure on alcoholic beverages will not be reimbursed by the University. |
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| **TRAVELLING** |
| **1.** Only **actual** travelling expenses are allowed |
| **2**. Amounts should be quoted in **currency** in which the expense was incurred – Maynooth University will do the conversion.  |
| **3**. The **mode of transport** should be stated (e.g. Plane, Boat, Car, Train, etc.) |
| **4.** **Public Transport** should be used where possible. |
| **5.** **Economy, Apex and Super-Saver** rates to be used in order to minimise costs. |
| **6.** **Gratuities** are not to be charged |
| **7. Kilometres Travelled** The applicable rate is €0.41 per kilometre. Please ensure to use kilometres when completing the claim form. |
|  |
| **POSTAGE AND TELEPHONE** |
| The charges for postage and telephone must be strictly limited to those incurred in the service of the University. |

Please return completed form to Helen Berry, Maynooth University, Office for Strategy & Quality, 67 Rhetoric Annex, Maynooth, Co Kildare