

FURTHER EDUCATION PLACEMENT TRAVEL EXPENSES CLAIM FORM

IN THE EVENT OF A STUDENT ATTENDING PLACEMENT OVER A PERIOD OF CONSECUTIVE WEEKS, EITHER WEEKLY OR MONTHLY BUS TICKETS SHOULD TO BE PURCHASED AND RECEIPTS SUBMITTED WITH THIS CLAIM.

Name Student Reference

Course

Home Term/Time Address

Name and Address of Placement

Date(s) of Placement

Number of Days Total Fares

Declaration – To be completed by Student

I confirm that I have incurred travel costs to the placement as stated above.

SIGNATURE DATE

To be completed by the Studies Adviser

I confirm the above has attended the placement detailed above and that this information will be used to re-inburse the student for travel costs.

Signature Date

Name

For Office Use

Received Entered to SFS Initials