

**THE MOTHERS' UNION IN IRELAND**

**ALL-IRELAND TRAVEL FORM**

To:.....Trustee/Council/Unit/Special Meeting

Held at:..... on .....

NAME:.....

DIOCESES:.....

HOME ADDRESS:.....

POST CODE:.....

**STATUS:** (1) Diocesan representative on Committee ( )

(2) Elected/Co-opted member of Committee ( )

(3) Member of All Ireland Trustee body

Or

Member of All-Ireland Committee/  
 Sub-Committee not covered by 1 or 2 ( )

FARE: £..... €.....

BY CAR @ 45p per mile or 41c per km £..... €.....  
 (No. of reps. in car.....)

CAR PARK/TOLL CHARGES: £..... €.....

TOTAL TRAVEL EXPENSES CLAIMED £..... €.....

DATE..... SIGNED.....

Please note that Diocesan representatives who combine a Committee Meeting with their journey to All-Ireland Council claim expenses from their Diocese.

When completed Diocesan reps. should return this form to their **Diocesan Treasurer**.