



Form R1

Reimbursement of Official's Expenses by Event Organisers

OFFICIAL'S NAME: [Grid]

ADDRESS: [Grid]

Details of Event

Promoting Club: _____

Type of Event: _____ Date of Event: _____

Venue: _____

Please tick the official position you held on behalf of Motorsport Ireland at this event:

- Steward
- Safety Officer
- Scrutineer

I hereby claim the following expenses:

Note: Where the position is one of Safety Officer the mileage for the initial inspection of the stages plus meals may also be claimed. Also, where a note taker is required, this person's meals may be claimed for.

Total Number of Kilometres _____ @ 20c per Km€ _____

Number of Meals _____ @ €19.00 per day or part thereof€ _____

TOTAL:€ _____

Signed: _____ Official to sign here	Received by: _____ Event Secretary to sign here
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FOR CLUB USE ONLY

Approved for Payment: _____	Date of Payment: ____/____/____ Method of Payment: Cheque <input type="checkbox"/> Cash <input type="checkbox"/> P.O. <input type="checkbox"/> _____ <input type="checkbox"/>
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