**LOCAL TRAINING INITIATIVE**

**Claim for Reimbursement of ETB Contribution to Monthly Salary**

**Coordinator/Assistant Coordinator**

|  |  |  |  |
| --- | --- | --- | --- |
|  **COURSE CODE**: |  | **SECOND PROVIDER NAME**: |  |
| **SECOND PROVIDER ADDRESS:** |  |
| **Project Start Date** | **Project Finish Date** | **ADVANCE** |
|  |  |  |

|  |  |
| --- | --- |
| **Month Ending**: | **SIGNATURE** |
| **Coordinator** (insert name) | Wage Grant | PRSIGrant | **Total****Grant** | **Coordinator** |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E:** |  |  |  |  |
| **Account Code 4141 - Total** |  |  |  |  |
| Assistant Coordinator (insert name) | Wage Grant | PRSIGrant | **Total****Grant** | **Assistant** **Coordinator**  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **W/E**: |  |  |  |  |
| **Account Code 4140 - Total**  |  |  |  |  |

We the organising Body certify that the above information is correct and acknowledge that we are responsible for the PAYE and PRSI related to the above noted salary which is payable to the Revenue Commissioners and that we also carry the responsibility for the relevant Employer’s Liability Insurance.

**Sub-Total Claim: €\_\_\_\_\_\_\_**

**Less Advance €\_\_\_\_\_\_\_**

**Code**

**TOTAL PAYABLE: €\_\_\_\_\_\_\_**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

 (for organising body)

Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 ETB Officer

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

*Advance now Outstanding: €\_\_\_\_\_\_\_\_\_*

 ETB Manager

For Finance Use Only

 Vendor No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Document No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LTI/Re-Imbursement Claim/F09/V2/05 06