

**Application for Refund of Payment for Approved Equipment Repair under
Circular Letter 10.2013 during the 2016.17 school year**

School Name: _____

Roll No: _____

Email address: _____

Contact Number : _____

Student Name _____ PPSN: _____

Item	Make & Model No.	Repair Company Name & Address	*Cost incl VAT €

** Minimum allowable for repair €20; maximum allowable not to exceed initial purchase price of equipment*

Please note: Original full receipts received from the company / companies confirming payment has been made to them for the repair of the equipment should be forwarded with this Claim Form.

Declaration from SENO / Visiting Teacher:

This is to certify that the repair to the above equipment was economical and essential:

Signed : _____ Date: _____

Print Name: _____ Contact Number: _____

Title: SENO / Visiting Teacher (Circle as appropriate)

Declaration from Principal / CEO of ETB

I wish to claim a refund of costs involved in the repair of equipment, as outlined above, and I confirm that the equipment has been repaired, the cost of the repair has been made by the school/ ETB using public funding only and the equipment is in use in accordance with the terms of Circular 0010/ 2013.

Signature : _____
Principal / CEO of ETB

Signature : _____
Chairperson of BOM.

Date : _____

Internal use:

Cost of Repair Processed by Special Education Section: _____ Date : _____

Cost of Repair approved by Special Education Section: _____ Date: _____

Payment processed by _____ Date : _____

Payment Approved by : _____ Date : _____