



## Employee Declaration for Travel

### **Employee Declaration for use of own Motor Vehicle (*Employee to complete*)**

Name & Employee Personnel No: \_\_\_\_\_

Title of Office: \_\_\_\_\_

Employee Signature & Date: \_\_\_\_\_

I acknowledge that the authority given to me by the Health Service Executive to use my own motor vehicle (details of nominated vehicle here) \_\_\_\_\_ on official business is subject to any relevant regulations or conditions in force from time to time and, in particular, to the condition that it is insured, and will continue to be insured, by me for the purpose of the Road Traffic Act 1961.

It is at present insured with \_\_\_\_\_ and I undertake to notify my Department of any change. I am aware that the Health Service Executive will accept no liability for any loss or damage resulting from the use of said motor vehicle on "official business." I further confirm that I hold a full driver's licence and I am not prohibited from driving due to any legal constraints imposed by the judicial system.

### **Approval to Travel Certification (*Line Manager to complete*)**

I authorise payment of expenses at the approved rate and subject to approved conditions as laid down under HSE directives to \_\_\_\_\_. This approval covers payments of expenses for the year/period: \_\_\_\_\_. The employee's base for the purposes of travel expenses is \_\_\_\_\_.

I authorise \_\_\_\_\_ to use their own car in the course of HSE field duties, and I confirm that the employee has submitted evidence of the vehicle registration details. I confirm that the employee has submitted and signed the Employee Declaration for use of own Motor Vehicle section above which covers the stated approval period. I confirm that the employee has submitted evidence of insurance that covers the stated approval period and that the insurance documents confirm that the employee's insurance indemnifies the HSE.

Authorising Officer's Signature & Date: \_\_\_\_\_

Name of Authorising Officer: \_\_\_\_\_

### **Approval to Travel Certification (*To be completed by staff who are eligible and approved to claim Travel and Expenses while not using their own vehicles*)**

Name & Employee Personnel No: \_\_\_\_\_

Title of Office: \_\_\_\_\_

Employee Signature & Date: \_\_\_\_\_

I authorise payment of travel and expenses at the approved rate and subject to approved conditions as laid down under HSE directives to \_\_\_\_\_

This approval covers payments of travel and expenses for the year/period: \_\_\_\_\_. The employee's base for the purposes of travel expenses is \_\_\_\_\_.

Authorising Officer's Signature & Date: \_\_\_\_\_

Name of Authorising Officer: \_\_\_\_\_