

**CLAIM FOR REIMBURSEMENT FOR:
Release of a Teacher/Lecturer/Tutor Engaged in CCEA Activities**



Section 1 • *To be completed by the lecturer/tutor*

Name: _____

Position within CCEA: _____

Specification: _____ Level: _____

Details of meeting(s): _____ Code for MTG: _____

Meeting	Date	Venue	Half day/ Full Day

Declaration by lecturer/tutor: I confirm that I was absent from my employment to attend the above meeting(s).

Signature: _____ Date: _____

Section 2 • *To be completed by the College/University/Organisation*

Name of Organisation: _____

Address: _____

Declaration by Authorising Officer: I certify that the employee was absent as stated above.

Signature of Authorising Officer: _____ Date: _____

Payment to be made to: _____

Please return to: **Finance Section**, CCEA, Clarendon Dock, 29 Clarendon Road, Belfast BT1 3BG
Tel: (028) 9026 1200, Fax: (028) 9026 1234