



Foras Áiseanna Saothair
Training & Employment Authority

Personal Reader Grant CLAIM FORM

CLAIM FOR THE PERIODS OFWEEKS FROM:...../...../..... TO:...../...../.....

Week Ending	No. hours reading per week	Amount paid to Reader €	Signature of Reader	Signature of Employer	Signature of Applicant

Please make cheque payable to:

Name: _____

Address: _____

FOR FÁS USE ONLY

APPROVED FOR PAYMENT

Finance and Administration

Date:/...../.....

Name: Grade:

Acct /Cost cntr.: _____ / _____

Total: € _____

**PLEASE RETURN BY THE END OF EACH MONTH TO YOUR LOCAL FÁS
EMPLOYMENT SERVICES OFFICE.**

PRG. Revision No: 0 08/06/05

