

**ttm**  
Healthcare Solutions  
*We Power Potential*

**Candidate Address:**

[illegible]

**Please have receipts verified by certifying officer:** \_\_\_\_\_ **Receipts viewed by certifying officer:** \_\_\_\_\_

**Total Expenses: €**  **Travel Claimed: €**  **Total Claimed: €**

**Disclaimer:** I certify that:

- (a) the allowances claimed in this account are in strict accordance with the scales sanctioned;
- (b) the expenses charged have been actually and necessarily disbursed solely in relation to the public service on which I am engaged, and
- (c) the particulars furnished herein are in all respects true.

**Employee Print Name:** \_\_\_\_\_ **Certifying Officer Print Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Certifying Officer Signature:** \_\_\_\_\_

**Grade/Job Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_