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| **Fingal Public Participation Network Travel and Subsistence Sheet** | | | | | | | | | |
| **PPN Rep Name** |  | | | **PPN Rep Address** | |  | | | |
| **Date (DD/MM/YY)** | | **Time (from/to)** | **Journey (from/to)** | | **KM Travelled (Return)** | | **Purpose of Meeting** | **Other Expenses** | **Amount Due (Office Use Only)** |
| *01/02/17* | | *7pm to 9pm* | *Home - Blanchardstown* | | *20* | | *SPC Meeting* | *N/A* | ***Do not fill out.*** |
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| **Rep Signature** |  | **Date** |  | **Approved by** |  | **Date** |  |
| **Please use additional pages as necessary. Attach receipts where appropriate.** | | | | | | | |

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| **Rep Signature** |  | **Date** |  | **Approved by** |  | **Date** |  |
| **Please use additional pages as necessary. Attach receipts where appropriate.** | | | | | | | |