



## Personal Reader Grant **CLAIM FORM**

CLAIM FOR THE PERIOD OF \_\_\_\_\_ WEEKS FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Week Ending	Number of hours reading per week	Amount paid to Reader €	Signature of Reader	Signature of Employer	Signature of Applicant

Please make the payment to:

Name: \_\_\_\_\_ PPS No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

as per attached EFT Bank Mandate (cross this line out if you have previously returned the EFT Bank Mandate).

Amended: 19/11/18 (Final version)



An Roinn Coimirce Sóisialaí  
Department of Social Protection

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**FOR DSP USE ONLY**

APPROVED FOR PAYMENT

**Accounts Payable**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Cost Centre: \_\_\_\_\_

Total: € \_\_\_\_\_

**PLEASE RETURN BY THE END OF EACH MONTH TO YOUR LOCAL DSP INTREO CENTRE OR CASE OFFICER.**

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