



Claim for Repayment of Excise Duty on Fuel Used in Motor Vehicles for the Transport of Drivers & Passengers with Disabilities

PLEASE NOTE CUSTOMER NUMBER

Customer No:

Warrant No: (official use only)

Name: _____

PPSN:

Address: _____

Name of person with disability (if different from above): _____

PPSN:

Telephone No: _____

Vehicle Registration No: _____

Period of Claim 1 year

FROM	TO

Please as appropriate

* The total litres of fuel used in the vehicle during the period of the claim is:

* Fuel type used:

Unleaded	Diesel	LPG

* The percentage of the total amount of fuel purchased which was used in connection with the transportation of the person with a disability is: %

* The mileage/km reading of the vehicle on the last day of the claim is:

* Is this claim in respect of a Driver with a Disability or a Passenger with a Disability:

NOTE: Excise duty is repayable only on fuel actually used in the transportation of the person with a disability.

In respect of the amount of fuel specified in the Schedule overleaf, I hereby apply for a repayment of the Excise Duty on _____ litres which were actually purchased and used in the State in connection with the transportation of the person with the disability and I hereby declare that the amount of the fuel used for that purpose is a true and accurate calculation.

Signature: _____ Date: _____

This claim, fully completed, should be forwarded to the address below;
PLEASE DO NOT SEND FUEL RECEIPTS WITH CLAIMS. FUEL RECEIPTS SHOULD BE RETAINED FOR TWO YEARS.

**DRIVERS WITH DISABILITIES (FUEL) SECTION
REVENUE COMMISSIONERS
FREEPOST
MTEK II BUILDING, ARMAGH ROAD,
MONAGHAN
TELEPHONE; Lo-Call 1890-60 60 61, also 047-62100 FAX 047-62196**

NOTE: A repayment of excise duty is granted on fuel used, up to an annual maximum of 2,728 litres. Please indicate on a separate sheet if your circumstances have changed since your previous claim.

PLEASE COMPLETE OVERLEAF FULLY

FUEL SECTION

CUSTOMER NUMBER

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PLEASE SHOW FUEL IN LITRES ONLY

	GARAGE	DATE	LITRES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
	Total Litres		

Signature: _____

Date: _____