

## CLAIM FOR REPAYMENT OF EXCISE DUTY ON FUEL USED IN MOTOR VEHICLES BY QUALIFYING ORGANISATIONS



Qualifying Organisation's Tax Reference No.:		TE IN BLOCK CAPITA						
Name:								
Address:								
Telephone No.:								
Vehicle Registration No.:								
1. Is this your first claim on fuel used in the above-mentioned vehicle:       Yes       No         (please tick ☑ appropriate box)       No       No								
2. The 12 month period for which you are claiming ends:       D       M       M       Y       Y								
3. Please enter the number of litres used in the vehicle during this period:								
<ol> <li>Type of fuel used: (please tick ☑ appropriate</li> </ol>	Unleaded box)	Super-Unleaded	Diesel	LPG				
5. Please enter the mileage r	eading on the vehicle as	at the end of your claim	period.					
I hereby declare that all fuel, in respect of which this claim is made, was used in the above-mentioned vehicle solely on journeys for the transportation of passengers with disabilities.								
Signature:		Date:	D M M Y Y	Y Y				
Position in Organisation:								
This claim, full completed, sho								
C R F M A H T	RIVERS WITH DISABILI ENTRAL REPAYMENTS EVENUE COMMISSION REEPOST I:TEK II BUILDING RMAGH ROAD IONAGHAN 18 YH59 ELEPHONE: Lo-Call 189	OFFICE ERS 0 60 60 61						
NOTE: A repayment of excise duty is granted on fuel used, up to an annual maximum of 4,092 litres. PLEASE SEE OVERLEAF FOR FURTHER DETAILS								

DD4 (Revision 4)

Please note that the following details should be accurately recorded on each receipt which you submit as part of your claim:

- 1. The name of the garage/filling station where you purchased the motor fuel.
- 2. The date of purchase.
- 3. The quantity of fuel purchased, in litres.

Details of the fuel in respect of which repayment is claimed is as set out by me below:

Garage	Date					Litres			
	D	D	Μ	М	Y	Y	Y	Y	
	D	D	Μ	М	Y	Y	Υ	Y	
	D	D	М	М	Y	Y	Υ	Y	
	D	D	М	М	Y	Y	Υ	Y	
	D	D	М	М	Y	Y	Υ	Y	
	D	D	M	М	Y	Y	Υ	Y	
	D	D	M	М	Y	Y	Υ	Y	
	D	D	М	М	Y	Y	Υ	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
	D	D	М	М	Y	Y	Y	Y	
					·	Tota	l Lit	res:	
Signature:							Da	ate:	D D M M Y Y Y
Continuation sheets are availab	le on requ	est f	rom	the a	ddre	SS O	/erle	af.	