

Disabled People's Organization of Bhutan

Travel Allowance claim form



Name of Employee:

Position Level:

Number:

Position Title:

Travel Authorization No, & Date:

Date:

Departure			Arrival			Daily Allowance	Mileage claim	Bus/taxi/train/air fare	Actual expenses	Total	Purpose of Journey
Time	Date	Station	Time	Date	Station						

Advance taken Nu:

Amount claim for payment/refund Nu:

Certified that the travel was performed by me for official purposes and the claim are genuine.

Date:

Signature of Employee:

I hereby, certify that the travel was authorized by me for official purpose and the claim appear genuine and reasonable.

Dare:

Signature of Sanctioning authority

Disabled People's Organization of Bhutan

Travel Authorization claim form



Name of Employee:

Position Level:

Number:

Position Title:

Travel Authorization No, & Date:

Date:

From		To		Mode of Travel	Halt at	Purpose
Station	Date	Station	Data			

Estimated traveling expenses: Nu.

Tr. Advance required: Nu.

Proposed tour approved/not approved

Advance required: Nu.

Since (Date)

Advance of Nu.

Sanctioned/recommended

(Signature of employee)

(Signature and seal, Head of Finance)

(Signature and seal, controlling officer)

Date:

Date: