**Travel Allowance Claim Form**

Name of the Employee:.................................................. TA Number & Approval Date:....................... Travel Claim No:...................

Position Title:......................................................................................Position Level:..................Date of Request:.................Mileage Rate/Km:....................

| **Departure** | | | **Arrival** | | | **Daily Allowance** | **Transportation/Mileage Claim** | | | | **Actual Expenses** | **Total** | **Purpose of the Travel** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Station** | **Date** | **Time** | **Station** | **Type Used** | **Cost of Transport** | **Private Car Use** | |
| **Miles** | **Amount** |
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Advance Taken:......................................................................................Amount claimed as payment/refund:..................................................................................

I hereby certify that the above travel was performed as authorized to me and that the above claim is a true statement of the travel expenses incurred by me.I certify that all amounts claimed either represent actual disbursements made by me or if standard rates were applied, agree with my entitlements.

Date & Signature of Employee:..........................................................

I hereby certify that the above claim is in conformity with the journey as actually authorized by me for official purpose and the claims appear genuine and reasonable.

Date & Signature of the Controlling Officer:......................................................................