Travelling Expenses for the Month of……20.....

*Name of Claimant*_____ *Department* _____

*Date*_____*20*_____ *Personal No.*_____ *Post Held*_____

1. Make and Weight of Car. _____ _____ cwt.	2. Registration No. _____	**Amount** N	**Amount** K	Expenses other than kilometre allowances / Subsistence – Railway Fares and items of Expenditure	**Amount** N	**Amount** K
3. Summary and Details Overleaf Kilometres @				4. Nights @		
Kilometres @				Nights @		
Kilometres @				Nights @		
Kilometres @				Nights @		
Kilometres @				Nights @		
Kilometres @				Days @		
Total				Litres of Petrol & Oil (per Receipts Attached)		
Additional Total at Section 4				Railway Fares		
Total Claim				Ferries		
5. Checked and Certifies Correct. *Date*_____		**Audit Stamp**		Air Fares		
				Other Expenses (per Receipts Attached)		
				Total		

EXPENDITURE HEAD(S) TO BE CHARGED					
Expenditure Codes		**N**	**K**	**Posting Reference**	*6. I certify that the Expenses were incurred when on Official Duty. Signature of Claimant* _____ Date_____
					7. *Agreed and Approved. Head of Dept.* _____ Date_____
					8. *Approved for Payment. Financial Controller* _____ *Date*_____