



**Travel Allowance Claim Form**

Name of Employee:

Position Title:

Position Level:

Travel Authorization No. & Date:

Date:

Departure			Arrival			Daily Allowance	Mileage Claim	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station					

Advance Taken:

Amount Claimed for payment/refund:

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

\_\_\_\_\_  
 Date & Signature of Employee

Certified that the travel was authorized by me for official purposes and the claims appear genuine and reasonable.

\_\_\_\_\_  
 Date & Signature of controlling Officer