Rural Development Training Centre, Zhemgang

Travel Allowance Claim Form

Name of employee:

Position Title: **Position Level:** **Number**

No. of Fares: **Travel Authorisation No. & Date:** **Date:**

Departure			Arrival			Daily Allowance Nu.	Mileage Claim	Bus/Train Airfare	Actual Expences	Total Nu.	Purpose of Journey
Date	Time	Station	Date	Time	Station						

Advance taken **: Nu.**

Amount Claimed/refunded **: Nu.**

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

Date & Signature of the Employee

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

Date & Signature of Controlling Officer