**CITY BUS SERVICE, THIMPHU THROMDE**

**TRAVEL ALLOWANCE CLAIM FORM**

Name of Employee:

Position Title: Position Level: Number No. of Fares: Travel Authorisation No. & Date: Date:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure** | | | **Arrival** | | | **Daily**  **Allowance** | **Mileage Claim** | **Bus/Train/**  **Air Fare** | **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 authorised by me for official purposes and the claims appear genuine and reasonable.  Date & Signature of controlling Officer | | | | | | | | | |  | |