Printed by Printflow (Private) Limited. CASH/CROSSED CHEQUE (delete inapplicable) 61570–4

Travelling and Subsistence Claim

Claimant (surname and initials)

Address .....

.....

Vr. No.

DATE-STAMP

27-34

Creditor number

Recovery to advances

TOTAL EXPENSES $ c

BALANCE DUE

C.P.O. use
Coded for TY 40 system

C/C 1 | Folio No. 2–4 | Line 5–6 | 2

Des. 20 | Mth. 47–48 | Dr./Cr. 58

APPROPRIATION	7-19 DEBIT CODE	49-57 $	c
TOTAL			

AUTHORITY TO USE PRIVATE VEHICLE/S

VEHICLE REGISTRATION NUMBERS

Period covered by claim: from ..... to .....

Delete the inapplicable

SUMMARY OF CLAIM DETAILED OVERLEAF $ c

ALLOWANCE FOR THE USE OF OWN VEHICLE

..... km at ..... per km .....

..... km at ..... per km .....

..... km at ..... per km .....

..... km at ..... per km .....

SUBSISTANCE ALLOWANCE

In the case of an employee, state category .....

OTHER EXPENSES AND ALLOWANCES

.....

SUB-TOTAL . . . . . .

Less ADVANCE/S RECEIVED IN RESPECT OF THIS CLAIM

Date Where received

TOTAL . . . . . .

I CERTIFY THAT–

1. I was transfered not at my own request
2. I have not been issued with a travel warrant.
3. I have not been with–
   (a) camp equipment;
   (b) movable field accommodation;
   (c) immovable field accommodation;
4. A Land-Rover/four-wheel-drive vehicle is necessary for the efficient perfomance of my duties.
5. This is a true claim for allowances and refunds payable to me in terms of the relevant Public Services (Travelling and Subsistence) Regulations.

Date *Signature of claimant*

Certified correct	Checked/Certified not previously paid	Passed for payment	Examined	
Head office	*For Accountant*	*Accountant*	Internal audit	External audit

Name .....

Department .....

Period covered by claim .....

$ c

1. Amount paid to claimant . . . . . .
   Cheque No. ..... Date .....
2. Other .....
   Cheque No. ..... Date .....
   Voucher No. ..... Date .....

$ c

Amount due . . . . . .

Less payments in advance . . . . . .

Amount paid . . . . . .

STATIONED AT ....

DATE	PLACE FROM/TO	TIME Dep.	TIME Arr.	No. of days or hours	Election: "Proved" Unproved "U"	Full day(s) $ c	RESIDUAL PART OF DAY OR PROVED MEALS NOT INVOLVING NIGHT DETENTION: Breakfast $ c	Lunch $ c	Dinner $ c	Accommo-dation $ c	Journeys not involving night detention $ c	OTHER ALLOWANCES, INCLUDING FIELD/CAMP ALLOWANCES AND SUPPLEMENTARIES: TYPE	$ c	Total subsistence claimed $ c	DISTANCE IN OWN VEHICLE: Bituminous roads including strip roads	Other roads	PURPOSE OF JOURNEY State: (a) Purpose of journey. (b) Mode of transport if other than own vehicle. (c) Class of accommodation, e.g., hotel, etc., private or field accommodation/camp equipment.
				TOTALS													

Authority is granted for the payment of the items marked* which exceed the allowances specified in the relevant Public Services (Travelling and Subsistence) Regulations.

.... Date

.... Accounting officer

To ....

....

....

....

ADVICE OF PAYMENT

RECORD OF PAYMENT