



Royal Government of Bhutan

Agency:.....

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