P6 - Mileage Claim Form

				_		Organi:	sation No				Voucl	ner Num	<u>ber</u>	_	
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	N	Iinistry/De	partme	nt				Account	inσ						
Event Number F Day	in Pat	Fund So	urce		Commite	nent Req	n No.	Period		l Year		Year	mont	h	
									20	_/20	20				
Name of Officer		•••••					Mode o	Travel		= -					
Motorcar Actual	Mileage	•••••			at	•••••		per km		\$					
Motorcycle								Toll Charg	ges	\$				-	
								Total		\$				_	
I hereby certify upon honour, that all travel	ling on priva	nave, auri te business	ng the n or pleas	sure ha	of is been ex	ccluded fr	om the tot	al mileage i	making u _l	p this claim			Date		ıpon
I hereby certify that I for the proper perform				ound	it to be fo	r travellin	ig on duty	only, and t	the trips n	nade and m	ileage in	curred h	ave been	necessai	ry
															2000
Certifying Officer			Dat												
		LINE	Dat	ie			LIN	E NO.	02			LINE	NO. 0	3	
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CLASSIFICATION Function/Subfunction Programme/SubProg. Project/SubProject Activity/SubActtivity Object/S1/S2 Amount \$			Dat	ie	Tax Reg	istration		CMT	S Ref#/			LINE	NO. 0	3	
CLASSIFICATION Function/Subfunction Programme/SubProg. Project/SubProject Activity/SubActtivity Object/S1/S2 Amount \$ Amount in Words		LINE	Dat	ie	Tax Reg (TRN)		Number	CMT: Cheque	S Ref#/ ue No. tal \$	Branch/Un					
CLASSIFICATION Function/Subfunction Programme/SubProg. Project/SubProject Activity/SubActtivity Object/S1/S2 Amount \$ Amount in Words	er Processing	LINE	Dat	01	Tax Reg (TRN)	risation (Number Finance &	CMT: Chequ To	S Ref#/ ue No. tal \$ Division/	Branch/Un	uit)(Acco	puntable	Officers)		
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CLASSIFICATION Function/Subfunction Programme/SubProg. Project/SubProject Activity/SubActtivity Object/S1/S2 Amount \$ Amount in Words Vouch Officer's Signature Prepared by:		LINE	NO	01	Tax Reg (TRN) Autho I certif herein, regulat	risation (by that this that the ra	Number Finance & voucher h ates and pr contract, ar	CMT Cheque To	S Ref#/ ue No. tal \$ Division/ perly preprand rease	pared; the parable, the are available	nit)(Acco	ountable ntitled to	Officers) the amounteet, according	nt stated	

Date	From	То	Purpose/Remarks	Km	Toll \$
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		Total/ Subto	tal C/F Km		

All travel should have the written pre-authorization (Appendix 6) of the designated Senior Officer(s) in order to be payable.
 Rates of reimbursement must not exceed the standard reimbursement amounts approved by the Ministry with responsibility for finance.