P8 - Toll Charges Reimbursement Form

Ministry	/Department	
Name of Driver	Commitment Reqn No. paid the sum of \$ cial duties whilst driving amined this claim and for	Period Fiscal Year Year month Day 20/20 20
Certifying Officer		Date
CLASSIFICATION LINE NO	01	Paid By Cash
Function/Subfunction Programme/SubProg.		Received the sum of
Project/sub-Project		\$
Activity/Sub-Activity Object/S1/S2		being reimbursement of toll charges.
Amount \$		Signature Date
Payee No. Cheque No.		Payee Name
Voucher Processing Details	Authorisation (Finance &Acc	ounts Division/Branch/Unit) (Accountable Officers)
Posted by	I certify that this vouc the amount stated her	her has been properly prepared, the payee entitled to rein, the calculations are correct, according to act, and that funds are available.
	Certifying Officer	Authorising Officer

ate	From	То	Purpose/Remarks	Toll Charges
		Southers (Authorise Live Steviller)		
,				