



**(Name of Office)
Travel Authorisation**

Name of employee:

Number:

Designation:

Grade:

Date:

From		To		Mode of Travel	Halt At	Purpose
Station	Date	Station	Date			

Proposed tour approved/

Estimated Travelling Expenses : Nu.
Advance Required : Nu.

Tr. Advance outstanding : Nu.
Since (date)

Not approved.
Advance of Nu.
Sanctioned/Recommended.

(Signature of employee)
Date

(Signature & Seal, Head of Finance)
Date

(Signature & Seal, Controlling Officer)
Date



**(Name of Office)
Travel Allowance Bill**

Name of employee:

Number:

Designation:

Grade:

Date:

No. of fares:

Travel Authorisation No. & Date :

Departure			Arrival			Daily Allowance	Mileage	Bus/Train/Air fare	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						
Total											
Advance Taken											
Amount claimed for payment/refunded											
Certified that the travel was performed by me for official purposes and the claims are genuine. <p align="right">Dated signature of employee</p>											
Certified that the travel was authorised by me for official purposes and the claims appear genuine and reasonable. <p align="right">Signature, Date & seal of the Controlling officer.</p>											