Royal Government of Bhutan

FORM 16/1

TRAVEL AUTHORISATION FORM

Name of Employee:
Position Title:

Position Level:

Number
Date :

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

Estimated Traveling Expenses:
Advance Required :

Tr. Advance Outstanding :
Since (Date)

Advance of Nu.
Sanctioned/Recommended.

(Signature of employee)
Date

(Signature & Seal, Head of Finance)
Date

(Signature & Seal, Controlling Officer)
Date

FORM 16/2

Royal Government of Bhutan

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.

Dated signature of employee

Certified that the travel was authorized by me for official purposes and the claims appear genuine and reasonable.

Date & Signature of the Controlling Officer