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Bhutan Chamber of Commerce & Industry

Towards Private Sector Development

Travel Allowance Claim

NAME:

DESIGNATION:

NO. OF FARES

TRAVEL REGISTER FOLIO NO.

GRADE:

TRAVEL AUTHORIZATION

NO. & DATE

Date	Place		Time		Daily Allowance Nu.	Millage Nu.	Bus/Train Airfare Nu.	Actual Expenses Nu.	Total Nu.	Remarks
	From	To	Departure	Arrival						

Advance Taken Nu

Amount Claimed/refunded Nu.

I hereby certify that the travel was performed by me for official purpose and the claims are genuine

Signature of Employee

I hereby certify that the travel was authorized by me for official purpose and the claims appears are genuine and reasonable

Signature of immediate Supervisor