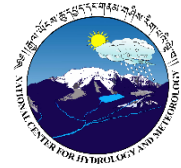




Travel Allowance Claim Form National Center for Hydrology and Meteorology



Name of Employee:

Number:

Position Title:

Position Level:

Date:

No. of Fares:

Travel Authorisation No. & Date:

Departure			Arrival			Daily Allowance	Milage Claim	Riding Pony	Porter	Actual Expense	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station							
Total												

Advance taken:

Amount Claimed for Payment/refund:

Date & Signature of Employee:

Date and signature of controlling officer

Certified that the travel was performed by me for official purpose and the claim are genuine

Certified that the travel was authorised by me for official purpose and the claims are genuine and reasonable