འཇིག་རྟེན་གསུམ་ལས་འཕེལ་ཚད།
Food Corporation of Bhutan Limited
"Ensuring Food Security for the Nation at all times"
CORPORATE HEADQUARTERS

TRAVEL ALLOWANCE CLAIM FORM

Name of the Employee:..... TA Number & Approval Date:..... Travel Claim No:.....
Position Title:.....Position Level:.....Date of Request:.....Mileage Rate/Km:.....

Departure			Arrival			Daily Allowance	Transportation/Mileage Claim				Actual Expenses	Total	Purpose of the Travel
Date	Time	Station	Date	Time	Station		Type Used	Cost of Transport	Private Car Use				
									Miles	Amount			

Advance Taken:.....Amount claimed as payment/refund:.....

I hereby certify that the above travel was performed as authorized to me and that the above claim is a true statement of the travel expenses incurred by me.I certify that all amounts claimed either represent actual disbursements made by me or if standard rates were applied, agree with my entitlements.

Date & Signature of Employee:.....

I hereby certify that the above claim is in conformity with the journey as actually authorized by me for official purpose and the claims appear genuine and reasonable.

Date & Signature of the Controlling Officer:.....