

TARAYANA FOUNDATION
Thimphu, Bhutan
Traveling Allowance Claim

FORM-D

NAME :
 GRADE :
 DESIGNATION :
 NO. OF FARES :
 TRAVEL REG.FOLIO;

TRAVEL AUTH;
 DATE;

Date	Place		Time		Daily Allowance Nu.	No. of Days	Mileage Nu.	Bus/Train Airfare (Nu)	Actual Expense Nu.	Total Nu.	Remarks
	From	To	Dept	Arr							

Advance Taken :
 Amount Claimed/refund:

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

Date Signature of Employee

**TARAYANA FOUNDATION
Thimphu, Bhutan
TRAVEL AUTHORIZATION**

FORM-C

NAME :
DESIGNATION:

GRADE:
DATE :

FROM		MODE OF TRAVEL	TO		HALT AT	PURPOSE
Station	Date		Station	Date		

Estimated Traveling Expenses:

Advance Required:

Employee:

Date :

As per our records a sum of Nu.....Is outstanding against the official as on.....

Accounts Division

Sanctioning Authority
Name & Designation