



HARRY GWALA DISTRICT MUNICIPALITY

CLAIM FOR SUBSISTENCE AND TRANSPORT EXPENSES



Claimed by				Employee No.	
Official Capacity			Department		
Trip	From		To	return	
Purpose					

(Please attach relevant documentation)

TRANSPORT EXPENSES;

Date	Mode of transport	Mileage	Rate	Amount
				R

(Refer attached log sheet)

SUBSISTENCE EXPENSES/INCIDENTAL ALLOWANCE;

Departure		Return		No. Days/Hours	Rate	Amount
Date	Time	Date	Time			
						R

ACCOMMODATION EXPENSES / ALLOWANCE;

Departure		Return		No. Days/Hours	Rate	Amount
Date	Time	Date	Time			
						R

OTHER EXPENSES (Specify);

		Amount	R
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SIGNATURE OF CLAIMANT	
_____	Date _____

Total amount of claim	R
Less advance & tax	R
Net amount of claim	R

(Application for cash advance must be submitted in writing)

Approved

Vote No.		Date	
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Checked and certified correct
by Financial Official

Approved by
Chief Financial Officer

Date	
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