



UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

CAR KILOMETRAGE AND TRAVELLING ALLOWANCES CLAIMS (ALL STAFF)

For Prof./Dr./Mr./Mrs./Miss/Ms.: Car No.

DATE	DESTINATION		PARTICULARS OF JOURNEY		Reason
20.....	FROM	TO	No. of Km	Nights	Attach Permission to Travel Form

Details of journey within any Town/City should be given at the back of the form. I hereby certify that the mileage/journeys detailed above were performed by me on university business:

Kilometrage Claim: Km @ GH¢

Travelling Allowance: Nights @ GH¢

1: GH¢

2: GH¢

Signed:

Officer Submitting Claims

Date:

I certify that the above claim is genuine and that the journey was necessary and authorised by me.

Signed:

Head of Department/Unit

Date:

Approved:

Pro Vice Chancellor

Date: