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: ……. Date: ……

Officer Submitting Claims

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**: ……...**