

# Transport Allowances Voucher

# P6

Ministry/Department															
Event Number				FP		Commitment Reqn No.				Accounting Period					
Fiscal Year										Year		month		Day	
20__/20__										20					

Organisation No.  

--	--	--	--

Voucher Number  

--	--	--	--	--	--	--

Name of Officer .....Make of Vehicle .....

Motorcar	Commuted/Upkeep allowance at .....	per annum	\$ _____
Or			
Motorcycle	Actual Mileage .....	at .....	per Km \$ _____
	Passenger Mileage.....	at .....	per Km \$ _____
		Toll Charges	\$ _____
		<b>Total</b>	\$ _____

*I hereby certify upon honour that I have, during the month of .....performed the travelling set out overleaf and have kept in my possession/or as my own property a .....for which the allowance as provided in the Staff Orders for the Public Service 2004 is payable to me, and that the said.....has not been let out for hire. I further certify upon honour, that all travelling on private business or pleasure has been excluded from the total mileage making up this claim*

	Signature of Claimant	Date
<p><i>I hereby certify that I have examined this claim and found it to be for travelling on duty only, and the trips made and mileage incurred have been necessary for the proper performance of the officer's duties</i></p> <p>.....  <b>Certifying Officer</b></p> <p>.....  <b>Date</b></p>	<b>Document</b>	<b>Expiry Date</b>
	Driver's Licence	
	Motor Vehicle Registration Certificate	
	Motor Vehicle Certificate of Fitness	
	Motor Vehicle Insurance Certificate	

CLASSIFICATION	LINE NO 01	LINE NO. 02	LINE NO. 03
Function/Subfunction			
Programme/SubProg.			
Activity/Project			
Sub-Activity/Project			
Object/Sub Object			
<b>Amount \$</b>			
Amount in Words		Tax Registration Number (TRN)	CTMS Ref #/ Cheque No.
		<b>Total \$</b>	

<p><b>Voucher Processing Details</b></p> <p>Checked by _____</p> <p>Posted by _____</p>	<p><b>Authorisation ( Finance &amp;Accounts Division/Branch/Unit) (Accountable Officers)</b></p> <p>I certify that this voucher has been properly prepared ,the payee entitled to the amount stated herein, the calculations are correct ,according to regulations and contract, and that funds are available.</p> <p>_____</p> <p style="text-align: center;"><b>Certifying Officer</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>Authorising Officer</b></p>
---	---

Date	From	To	Name of Passenger(s)	Purpose/Remarks	Km	Passenger KM	Toll \$
<b>Total/ Subtotal C/F</b>							