REVISED KILOMETRE RATES (MILEAGE)

Full Upkeep - $46
Commuted Upkeep - $46
Motor Cycle - $20
Motor Car (Non-travelling officer) - $53
Motor Cycle (Non-travelling officer) - $25
Passengers - $11

N.B - All field in grey are read only.

Hide Kilometre Rates(Mileage)

Show Kilometre Rates(Mileage)

Transport Allowances Voucher P6

Organisation No. | | | | |

Voucher Number P V | | | | | | |

Ministry/Department

Event Number | | | | |

FP | | |

Commitment Reqn No. | | | | | | |

Accounting Period | | |

Fiscal Year 20___/20___

Year month Day 20 | | | | | | | | |

Name of Officer ……Make of Vehicle ……

Motorcar Or Motorcycle	Commuted/Upkeep allowance at ……0.00……per annum		$ 0.00
	Actual Mileage 0.00 at $0.00 ……per Km		$ 0.00
	Passenger Mileage 0.00 at $0.00 ……per Km		$ 0.00
		Toll Charges	$ 0.00
		Total	$ 0.00

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

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. However, the information regarding the driver's licence and the motor vehicle documents have not been verified by me.

…….. …….

Certifying Officer *Date*

Document	Expiry Date
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			
Amount $			

Amount in Words	Tax Registration Number (TRN)	CTMS Ref #/ Cheque No.	
		Total $	

Voucher Processing Details

Checked by _____

Posted by _____

Authorisation (Finance &Accounts Division/Branch/Unit) (Accountable Officers)

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.

_____ Certifying Officer

_____ Authorising Officer

Clear Form

Date	From	To	Name of Passenger(s)	Purpose/Remarks	Km	Passenger KM	Toll $
				Total/ Subtotal C/F	0.00	0.00	0.00