

DOMESTIC TRAVEL ALLOWANCE FORM

Name of Claimant: _____ Payroll Number: _____

Post Title: _____ Post Number: _____

Employment (i.e. Permanent, daily rated etc.): _____

Normal Work Location: _____

1. ITINERARY & ACCOMODATION EXPENSES

Place Visited	Arrived		Departed		Type of Accommodation	Cost
	Date	Time	Date	Time		
<i>(N.B. receipts must be attached).</i>					TOTAL AMOUNT (VT.)	

2. SUBSISTENCE COST

If a staff member incurs a total subsistence cost higher than the <i>Daily Domestic Travel Rate</i> , he/she is eligible to claim payment of up to 50% of his/her total meal costs.	Cost
(a) _____ Nights at _____ VT. per night AND/OR	
(b) _____ Nights at _____ VT. per night (after first 30 days)	
OR	
(c) 50% of meal costs <i>(N.B. receipts must be attached)</i> AND/OR	
(d) 25% of meal costs (after first 30 days) <i>(N.B. receipts must be attached)</i>	
TOTAL AMOUNT (VT.)	

3. TRAVEL EXPENSES

Date	From	To	Method of Transport	Receipt No.	Cost
				TOTAL AMOUNT (VT.)	

I certify that I have incurred the total sum of: _____ VT and am entitled to reimbursement of : _____ VT (Total of Sections 1, 2 and 3)

Travelling Staff members Signature: _____

Date: _____

I certify that the above staff member has necessarily incurred the total sum claimed whilst on official duty away from his normal work location.

Head of Department: _____

(print name)

Date: _____
