ANNEXURE B

TRAVEL AND SUBSISTENCE POLICY
LEPHALALE MUNICIPALITY
CLAIM FOR SUBSISTENCE AND TRANSPORT

NAME: …… PAY NUMBER: .....

ADDRESS: ……

PURPOSE: ……

ITEM CODE FOR: TRAVELLING

R……..,……

ITEM CODE FOR SUBSISTENCE

R……..,……

Depart from: Lephalale Date: …… ……. Time: ……

To……. Address……..

Back in: Lephalale ……. Date: …….. Time: …….

Vehicle Make: …….. Reg. No: …….

Opening km reading: ……...Closing km reading: ……..

Total Distance: …… km @ R …… per km R …….

Google maps KM: …… @ R …… per km R……..

Subtotal R ……..

INCIDENTAL EXPENSES

Subsistence costs: …….. Days …… Nights R……..…….

Incidental Expenses (Receipts must be attached) R….……

Subtotal R ……

TOTAL R_____

Check list:

☐	**Invitation**
☐	**Pre-Approval (Employees only)**
☐	**Attendance Register or proof of attendance**
☐	**Accommodation Invoice (if stayed overnight)**
☐	**Original receipts of expenses(meals and incidental)**

I herewith declare the above-mentioned costs were incurred by me in service of the Council.

…….. ……
CLAIMANT'S SIGNATURE DATE

…….. ……. ……
HEAD OF DEPARTMENT MUNICIPAL MANAGER ACCOUNTANT: PAYROLL
Certify that funds are sufficient for Claim only applicable for Section 57 Managers

……..…… …… ……..
DATE DATE DATE