ANNEXURE B

TRAVEL AND SUBSISTENCE POLICY
LEPHALALE MUNICIPALITY
CLAIM FOR SUBSISTENCE AND TRANSPORT

NAME: …… PAY NUMBER: .....

ADDRESS: ……

PURPOSE: ……

VOTE NUMBER: TRAVELLING

SUBSISTENCE

R……..,……

R……..,……

R……..,……

R……..,……

Depart from: …… Date: …… ……. Time: ……

To…….
Address……..

Back in: ……. Date: …….. Time: ……

Vehicle Make: …….. Engine capacity: …… cc Reg. No: …….

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

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

Subsistence costs: …….. Days …… Nights

R……

Subtotal R ……..

INCIDENTAL EXPENSES (Receipts must be attached)

R……

Subtotal R ……

TOTAL R_____

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:
EXPENSES
Certify that funds are sufficient for Claim **only applicable for Section 57 Managers**

……..……. …… ……..
DATE DATE DATE

HAND OVER TO PAYMASTER FOR TAX PURPOSES