

ANNEXURE C
TRAVEL AND SUBSISTENCE POLICY
LEPHALALE MUNICIPALITY
TRAVELLING COSTS: MUNICIPAL AREA
FOR: EMPLOYEES WHO DO NOT RECEIVE A TRAVELLING ALLOWANCE
EMPLOYEE NO: _____

NAME :				
VOTE NUMBER :				
MONTH :				
DAY	START READING	END READING	TOTAL	DESCRIPTION / PURPOSE OF TRIPS
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

TOTAL _____ km x _____ c/km = _____

Vehicle _____ Engine: _____
I declare that the above trips were necessary for completion of the work done.

SIGNATURE OF CLAIMANT: _____ **DATE:** _____

MANAGER / DIVISIONAL HEAD

ACCOUNTANT: EXPENDITURE
(Calculations and Expenditure Vote)