

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

<b>NAME</b> :				
<b>VOTE NUMBER</b> :				
<b>MONTH</b> :				
<b>DAY</b>	<b>START READING</b>	<b>END READING</b>	<b>TOTAL</b>	<b>DESCRIPTION / PURPOSE OF TRIPS</b>
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)**