

ANNEXURE E
TRAVEL AND SUBSISTENCE POLICY
LEPHALALE MUNICIPALITY
PRE-APPROVAL TO CLAIM FOR SUBSISTENCE AND TRANSPORT

NAME: PAY NUMBER:

PURPOSE:

VOTE NUMBER: TRAVELLING

<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Budget	R.....,.....
	Available	R.....,.....												
SUBSISTENCE														
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Budget	R.....,.....
	Available	R.....,.....												

Depart from: Date: Time:

To..... Address

Back in: Date: Time:

PLEASE SUBMIT AN ESTIMATION ON THE EXPENSES

Vehicle Make:

Reg. No:

Total Distance: km @ R per km R

Subsistence costs: Days Nights
R.....

Subtotal R

INCIDENTAL EXPENSES

R.....

Subtotal R

TOTAL R

.....
CLAIMANT'S SIGNATURE

.....
DATE

.....
EXECUTIVE MANAGER

.....
MUNICIPAL MANAGER
only applicable for Section 57
Managers

.....
MANAGER BUDGET AND
REPORTING
Certify that funds are
sufficient for travel claim

.....
DATE

.....
DATE

.....
DATE