ANNEXURE E

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

NAME: …… PAY NUMBER: .....

PURPOSE: ……

VOTE NUMBER: TRAVELLING

Budget R……..,……

Available R……..,……

SUBSISTENCE

Budget R……..,……

Available R……..,……

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

To……. Adress …….

Back in: ……. Date: …….. Time: …….

PLEASE SUBMIT AN ESTEMATION ON THE EXSPENSES

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**