

P6 - Mileage Claim Form

Organisation No.					Voucher Number				
Ministry/Department									
Event Number Day	Fin Pat	Fund Source	Commitment Reqn No.	Accounting Period	Fiscal Year	Year	month		
					20__/20__				

Name of Officer Mode of Travel

Motorcar Actual Mileage at per km \$ _____
 Or
 Motorcycle Toll Charges \$ _____
 Total \$ _____

I hereby certify upon honour that I have, during the month of, performed the travelling set out overleaf. I further certify upon honour, that all travelling on private business or pleasure has been excluded from the total mileage making up this claim.

.....
Signature of Claimant Date

I hereby certify that I have examined this claim and found it to be for travelling on duty only, and the trips made and mileage incurred have been necessary for the proper performance of the officer's duties.

.....
Certifying Officer Date

CLASSIFICATION	LINE NO 01	LINE NO. 02	LINE NO. 03
Function/Subfunction			
Programme/SubProg.			
Project/SubProject			
Activity/SubActivity			
Object/S1/S2			
Amount \$			
Amount in Words		Tax Registration Number (TRN)	CMTS Ref#/Cheque No.
			Total \$

Voucher Processing Details	Authorisation (Finance &Accounts Division/Branch/Unit)(Accountable Officers)
Officer's Signature	I certify that this voucher has been properly prepared; the payee(s) entitled to the amount stated herein, that the rates and prices are fair and reasonable, the calculations are correct, according to regulations and contract, and that warrant funds are available. _____ Certifying Officer _____ Date
Prepared by:	
Checked by:	
Posted by:	
Send to Treasury by:	
	_____ Authorising Officer _____ Date

