



# UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

## CAR KILOMETRAGE AND TRAVELLING ALLOWANCES CLAIMS

For Prof./Dr./Mr./Mrs./Miss/ Ms.: ..... Car No. ....

Allocation: .....

DATE		PARTICULARS OF JOURNEY		REASONS FOR JOURNEY
20.....	FROM	TO	No. of Km	

Details of journey within any Town/City should be given at the back of the form. I hereby certify that the mileage/journeys detailed above was performed by me on University business:

Kilometrage Claim: ..... Km @ ..... GH¢  
 Travelling Allow: ..... Nights @ ..... GH¢  
 1: ..... GH¢  
 2: ..... GH¢ \_\_\_\_\_  
 \_\_\_\_\_

Signed: ..... Date:.....  
**Officer Submitting Claims**

I certify that the above claim is genuine and that the journey was necessary and authorised by me.

Signed: ..... Signed: .....  
**Head of Department/Section/ Unit Registrar**

Date:..... Date:.....

Approved: .....  
**Vice- Chancellor**

Date:.....

Examined and passed for payment for Kilometrage claim ..... Km @..... GH¢ Trav. Allow..... Nights @..... GH¢ 1: ..... GH¢ 2: ..... GH¢ _____	Received..... day of ..... 20..... the sum of ..... ..... ..... Ghana Cedis ..... Ghana Pesewas
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Signed: ..... Signed: .....  
**Finance Officer Receiver**

Date:..... Paid .....

**Cashier**