



THE METHODIST CHURCH GHANA
KOMENDA COLLEGE OF EDUCATION



TRAVEL AND TRANSPORT EXPENSE CLAIM FORM

Name:

Designation:

Faculty/Dept/Section:

Month/Year:

Details of Journey made:

Departure		Arrival		Dist. (KM)	No. of Nights	Purpose of Journey (Attach any further details)
Date	From	Date	Time			

SUMMARY:

Total Distance:

Rate per km:

Amount: Ghc.....

Total Night:

Rate/Night:

Amount: Ghc.....

VEHICLE PARTICULARS:

- a) Type of car used (Private/Official):.....
- b) Registration No. :
- c) Cubic capacity:

CERTIFICATION: I clearly certify that the above journey(s) was/were made by me in the discharge of official College Duties.

Date:

Officer Submitting Claim:

TO BE COMPLETED BY HEAD OF DIVISION/DEPT./SECTION: I am satisfied / not satisfied that the above claim is true and in accord with financial regulations and that the journey (s) was / were authorised by;

Head of Dept. / Section:

Date:

FOR FINANCE OFFICE USE ONLY

Claim Processed by:

Checked by:.....

Department Total Date:

Passed for Payment By:

.....

.....

Internal Auditor/Date

Finance Officer/Date

Amount Paid (Ghc).....

Cashier:

Cheque No.

Acknowledgement of Receipt;

Receipt in payment of the above claim the sum of:

.....

Date:

Signature: