

# TRAVEL & SUBSISTENCE EXPENSE CLAIM FORM FOR USE IN PRIMARY SCHOOLS

Name of School: \_\_\_\_\_

Expense Claim No: \_\_\_\_\_

Independent Assessor Name: \_\_\_\_\_

PPS No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: (Place, Time)	To: (Place, Time)	Return distance (KM)	Rate per KM	Total Value	Subsistence Claimed	Misc. Claimed	Total Claimed
<b>TOTAL VALUE OF CLAIM</b>							

I certify that:

- a) The subsistence and other allowances that I claim are correct and in accordance with regulations in accordance with circular 07/2009.
- b) The subsistence and other allowances that I claim are not subject to tax.
- c) The expenses were actually and necessarily incurred by me in relation to duties outlined to me.
- d) No claim in respect of the same period has or will be made elsewhere.

Total Claim: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Date received: _____
Approved for payment: _____
Payment reference: _____
Date Paid: _____