



CLAIM FOR SUBSISTENCE ALLOWANCE AND REIMBURSEMENT OF TRANSPORT CHARGES AND OTHER INCIDENTAL EXPENSES

PART I

(Particulars of Claimant)

Name:

Voucher No.

Man No:

Date:

Designation:

Department:

Allocation Code:

Province:

District:

Station:

Checked by:

(Name and signature)

Date	Departed from	Date	Arrived at	Purpose of Journey	No. of Nights	Rate per Night /K	Amount /K
a) Subsistence Allowance							
b) transport charges and other incidental expenses (give details & attach receipts)							

Authority Total K.....

NOTE: where claim is in respect of hotel bills, receipted accounts must be attached together with proof that cheaper accommodation was not available.
* Delete as necessary

PART II

I certify that the journeys were undertaken on Association business.

..... (Signature of Claimant)

PART III

(Certificate of Supervising Officer)

I certify that the journeys were authorized, and the claim is correct in every detail.

..... (Signature of Supervising Officer)

PART IV

(Certificate by LATAZ President / Chairperson)

Payment of the Claim is authorised

Station:

..... (Signature of LATAZ President /Chairperson)

*(Language Teachers' Association of Zambia)

Note: Code should include the Man No. of the Officer.

* Delete as appropriate.