



འབྲུག་གི་ཁྲུལ་ཡངས་ཚད་འཛིན།

BHUTAN DUTY FREE LIMITED

**Travel Authorization Form**

Name of Employee:

Number:

Position Title:

Grade:

Date:

From		To		Mode of travel	Halt At	Purpose
Station	Date	Station	Date			

Estimated Travelling Expenses:

Tr. Advance Outstanding (since date): Advance of Nu.

Advance Required :

Sanctioned/ Recommended.

(Signature of Employee)

Signature & Seal,

Signature & Seal,

Date:

Manager Finance

Department Head/ CEO

Date:

Date:



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BHUTAN DUTY FREE LIMITED

### Travel Allowance Claim Form

Name of Employee:

Position Title:

Position Level:

Number:

No. of Fares:

Travel Authorization No. & Date: Date:

Departure			Arrival			Daily Allowance	Mileage Claim	Bus/Train/ Air Fare	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						

Advance Taken:

Amount Claimed for payment / refund:

Certified that the travel was performed by me for official purposes and the claims are genuine

Date & Signature of Employee

Certified that the travel was authorized by me for official purposes and the claims appear genuine and reasonable.

Date & Signature of Department Head/CEO