



མེས་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་སྡེ།
Khesar Gyalpo University of Medical Sciences of Bhutan
Royal Government of Bhutan
Thimphu: Bhutan



Travel Allowance Bill

Name of employee:
Designation:
No. of fares:

Grade:

No. & Date:
Number:

Departure			Arrival			Daily Allowance	Mileage	Potter/Pony	Actual Expenses	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						

Advance Taken

Amount claimed for payment/refunded

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 are appear genuine and reasonable.

Signature, Date & Seal of the Controlling Officer