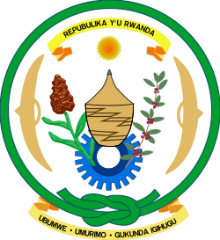
**REPUBLIC OF RWANDA**



**EASTERN PROVINCE**

**KAYONZA DISTRICT**

**RYAMANYONI HEALTH CENTER**

**TRAVEL CLEARANCE No………./………./2023**

**PAYABLE NON PAYABLE**

**1.** Issued to **Mr.** / Mrs. / Miss: ***………………………………………………………………***

**2.** Department & Services: **……………………………………………………………**

**3.** Rank or Function: **……………………………………………………………………………..**

**4.** Purpose of travel: **………………………………………………………………………………………………………...**

**5.** Expected results: **………………………………………………………………………………**

**6.** Destination: **………………………………………………………………………………………**

**7.** Place, time and date of departure: **……………………………………………………………**

**8.** Returning time and date: ……………………………………………………………………

**9.** Planned duration (*number of hours or days*): **…………………………………………**

**10.** Means of transport: **……………………………………………………………………**

**11.** Name of the authority who suggests the trip: **…………………………………………**

**12.** Daily travel expenses:

**13.** Total amount:

**14. BUDGET LIGNE**:

Done at Ryamanyoni HC. …………/……………. /2023

**Name, signature & Stamp of the competent authority:**

**NDAYISABA SEBUKUBU Jackson**

**Seal and signature of the destination**

Time and date of arrival……………..….……

Time and Date of departure…………..……...

Head of Health Center.

**Important Note:** Before you leave, ensure your travel is Officially Authorized, recorded in The Register (2022)

**TRAVEL / MISSION REPORT**

Names of The Staff who went in Mission: **………………………………………………………**

Destination(s): ………………………………………………………………………………………………………

Dates of Travel: **…………/…………/…………**

Purpose of the trip: **…………………………………………………………………………………..**

Driver (if Any): ……………………………………………………………………………….

How was the travel or Mission conducted:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Challenges/matters arising in the report:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Outcomes/actuals:

………………………………………………………………………………………………………………………………………………………………………………………………………………

Recommendations

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Names, signature of the Staff who did the travel: **………………………..** …………..……………

Date: **…………/…………/…………..**