|  |  |  |
| --- | --- | --- |
| **PV No. 1234** |  |  |

**PAYMENT VOUCHER**

**CLAIM FOR TRAVEL AND SUBSISTENCE ALLOWANCE**

**Name & System Number:** ………………….……………………

|  |  |
| --- | --- |
| **AMOUNT** | |
| *30,000* | *00* |

**Amount claimed (in words) *Kshs*** *Thirty Thousand only* …………………… ………………………………..

**-**

**I HEREBYCERTIFY THAT:**

1. The journeys for which travel allowance is claimed were undertaken whilst on official duty in my own motor vehicle, Reg.

No……………………, Make……………………………………. Of ………………… c.c.

2. The number of kilometers claimed by me since 1st July, 20….. Exclusive of this claim totals ……………………………….

3. The amount claimed for subsistence allowances are in accordance with and at the rate prescribed by existing Regulations.

**…………………………… ……………………**

Signature of Claimant Designation: RM Date

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAMINATION**  Voucher Examined by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **INTERNAL AUDIT** | | | | | |
|  | | | | | |
| **V.B.C CERTIFICATE**  I certify that the expenditure has been entered in the Vote Book and that adequate funds to cover it are available against the chargeable item as shown here below:  *Approved* Estimates/Allocation--  Item No................ KSh. \_\_\_\_\_\_\_\_\_\_\_\_\_  *Less*: Total expenditure plus commitments Ksh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Balance --- Ksh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    *Less*: This ENTRY –Vch.  No……………………………….. Ksh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Balance Ksh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:……………..……………..Signature……………….….  *Accountant i/c VBC* | | | | **A.I.E HOLDER CERTIFICATE**  I Certify that the expenditure detailed overleaf has been incurred on Authority service, was necessary, has been properly authorized purpose and should be charged to the item shown here below.    ……………………………………..  *Signature* *Designation of A.I.E Holder*  Date….…………………..  **AUTHORIZATION**  I certify that the amount claimed for subsistence/ mileage allowance is according to existing regulations, hotel rates charged are fair and reasonable and the expenditure is a proper charge to public funds. I hereby AUTHORIZE payment of the amount claimedwithout any alteration, which should be charged as shown below.  Signature………………………………………………………...………….  *Accounting Officer/District Accountant\**  Date…………………………………….. | | | | | |
| **Vote**  1261 | | **Head:**  001001 | | **Sub-head**  38105501 | | | | **Item:**  Accommodation-  Domestic | |
| **A.I.E No** | **Account No** | | **Dept. Vch. No.** | | **Station** | **CASH BOOK** | | **AMOUNT** | |
| **Vch. No** | **Date** | **Shs.** | **Cts** |
| *2014/2015*  *A689327* | 001001.38105501.2210302 | |  | | *38105501* |  |  | **30,000** | **00** |

Delete inapplicable title

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TRAVEL | | | | | | | | | | | |
| **Date of Journey** | **Description of Journey** | **Reason for Journey** | | **Km.** | | **Rate** | | **Amount** | | | |
|  |  |  | |  | |  | |  | |  | | |
| **TOTAL KILOMETRES** | |  | | ***TOTAL*** | | **00** | | ***00*** | | | |
| **SUBSISTENCE** | | | | | | | | | | | | | |
| **Dates** | **Names of Stations** | | **Hotels, Clubs, Restaurants etc.** | | **No.** | | **Rate** | | **Amount** | |  | | |
|  |  | |  | |  | |  | |  | |  | | |
| **MILEAGE CLAIM BROUGHT DOWN** | | | | **Total** | |  | | ***00*** | | |
| **TOTAL OF CLAIM** | | | |  | |  | | ***00*** | | |
|  | | | | | | | | | | |

**CASH RECEIPT**

Received the amount of this claim as stated above and on the face hereof SH

Date……………………………………………….. Witness………………………….……………. Signature…………………………….

GPK (L)