

**BANK OF ABYSSINIA**

DISTRICT  
Per Diem Form

Name	Department / Branch	Position
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**Place of Travel**

Country	Date		Comment
	Travel Begin	Travel End	

**Claims against Receipts**

No.	Name	Description of Expensed	Currency	Amount
1		Air Ticket		
2		Food & Beverage		
3		Bedroom		
4		Fuel & Transportion		
5		others		
Total				

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Summary of Claims against Receipts**

S/N	Name	Daily Rate	No of Day	Per diem	Items of Expenditure			
					Against receipt Total	Total	Advance	Net
1								

Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_