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Addendum to Staff Circular No; 2021/10 dated 1st December 2021

**Date of Addendum 22nd. December 2021**

APPROVAL PROCEDURES FOR OFFICIAL TRAVELLING

AND

REGULATIONS RELATING TO REIMBURSEMENT OF LODGING AND TRANSPORT EXPENSES

1. We forward herewith **Attachment III** to Staff Circular No: 2021/10 dated 1st.December 2021 which is meant to be used by staff members attached to our branches to lodge their claims for reimbursement of travelling and lodging expenses incurred by them, in terms of the said staff circular.
2. Accordingly, payment of claims of Branch Managers and Branch staff should be submitted to Assistant General Manager (Finance & Strategic Planning) for prior approval.
3. The Branch Manager are authorized to make payments to the respective staff members, on receipt of approved claims, as provided in the format.
4. **All the other terms and conditions in the original circular remains unchanged.**
5. Please bring the contents of this addendum to the notice of your staff, and attach same to the original circular for easy reference.

Signed Signed

**Assistant General Manager CEO/ Executive Director**

**(Finance &Strategic Planning)**

****Attachment III

APPLICATION FOR REIMBURSEMENT OF

TRAVELLING AND LODGING EXPENSES

**(For the use of Branch Managers and Staff**)

Date

|  |  |  |
| --- | --- | --- |
| Name | Designation | Department / Branch |
| Details of the Activity / Task | | |

CEO/ Executive Director’s Approval Attached (Mark X)

|  |  |  |
| --- | --- | --- |
| 1. Approved to Travel In Company Vehicle | |  |
| 1. Approved to Travel in Private Vehicle | |  |
| 1. Approved to Travel in Hired/ Rented Vehicle | |  |
| 1. Approved Lodging ( Number days) | Days |  |

Claim for Reimbursement in terms of Staff Circular 2021/10

Please reimbursement the following expenses Incurred by me,

|  |  |  |
| --- | --- | --- |
| Description of Expenses | Rs | For Office Use Checked By |
| Travelling (Receipt Attached ) |  |  |
| Lodging (Receipts attached) |  |  |
|  |  |  |
| Less Advance obtained (If applicable) |  |  |
| **Total amount to be reimbursed** |  |  |

I confirm that my above claim for reimbursement is true and accurate

Signature of applicant

|  |  |
| --- | --- |
| Claim Verified and Recommended. To AGM (F&SP)  Branch Manager **or** Assistant Manager  Date | Claim Approved /Declined    **Assistant General Manager (Finance and Strategic Planning)**  **Date** |

**Approved Claims of Branch Staff Members to be dispersed at the respective Branch**

|  |  |  |
| --- | --- | --- |
| Approval Verified By  Branch Authorized Officer  Date | Payment Authorized  Branch Manager / Assistant Manager  Date | Entries Passed  Paid Cash / Account Credited  Date |