



TFN. 5
(Rev. 3/74)

THE UNITED REPUBLIC OF TANZANIA

PAYMENT VOUCHER
Traveling Allowance Claim

Station Number and Name

Ministry/R. D. D. /D.D.D

Name and Address of Payee

Voucher Number				
ALLOCATION				
Vote	Sub-Vote	Item	AMOUNT	
			Shs.	Cts.

PAYING INSTRUCTIONS:

Insert "Cheque" or "Cash" →

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DEPARTURE		ARRIVAL		Duration of Stay	Rate per Night	AMOUNT	
Date	Place	Date	Place			Shs.	Cts.
TOTAL - Shs. ...							

AUTHORITY:

CERTIFICATE OF APPLICANT:

I certify that I was traveling on *Duty/Transfer and actually absent from my station.....
for nights on public service for the period stated above, and claim
the sum of shillings (in words).....cents.....

Date20.....
Designation Signature

RECOMMENDATION BY HEAD OF DEPARTMENT/REGION:

I recommend that this claim be passed to the extent of Shs.....cents.....

Date20.....
Designation Signature Vote Control

RECEIPT FORM: - (To be completed in the case of cash payments to illiterates):

Paid this.....day of.....20..... the amount of Shs.....Cts.....
Received
in full settlement of the above claim.

Date20.....
Signature of Paying Officer Signature (or thumb print) of Receiver

Signature of Witness to Payment

*Delete whichever inapplicable.

(Only necessary when payee is illiterate)

Government Printer, Dsm.