

DEPARTMENT OF AIR TRANSPORT, PARO
Travel Authorisation

Name of employee:

FAM- 4.10

Designation:

Grade:

Number: Date:

From		To		Mode of Travel	Halt at	Purpose
Station	Date	Station	Date			

Estimated Travelling Expenses: Nu.

Tr. Advance outstanding: Nu.

Proposed tour approved/
Not approved.

Advance required: Nu.

Since (date)

Advance Nu.
Sanctioned/Recommended.

(Signature of employee)
Date

(Signature & Seal, Head of Finance)
Date

(Signature & Seal, Controlling Officer)
Date

DEPARTMENT OF AIR TRANSPORT, PARO
Travel Allowance Bill

FAM- 4.11

Name of employee:

Designation:

Grade:

Number:

No. of fares:

Travel Authorisation No. & Date:

Date:

Departure			Arrival			Daily	Mileage	Bus/Train/	Actual	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station						

TOTAL

Advance taken:

Amount claim for payment/refunded:

Certified that the travel was performed by me for official purposes and the claims are genuine Dated signature of employee

Certified that the travel was authorised by me for me for official purposes and the claims appear genuine and reasonable. Signature, Date & Seal of the Controlling Officer