



TRAN/F003

TRANSPORT DEPARTMENT

Mileage Claim Form

1. To fill in duplicate
2. The request should be received by the transport office at least two (2) working days before the intended time of travel

PART ONE (APPLICANT)

Department/ School

Name of Claiming Officer

Designation:

Purpose of Trip:Number of Passengers:

Destination:.....

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.....

Car Model and Registration No:Engine Capacity:

Date of Travel:

Signature:

PART TWO (TRANSPORT OFFICER)

Estimated Mileage : Approved Rate Per Km:Total cost:

Signature: Date:

PART THREE (DVC - P, F&A, REGISTRAR-P&A)

Approved/ Not approved.....

Remarks:.....

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Signature: Date: