



# Wayamba University of Sri Lanka

## Kuliyapitiya

### TRAVELLING CLAIM

*(Subject to the deduction of tax if not presented  
For payment within 30 days of date of travelling)*

Payment Voucher No: .....

**Financial Year**

1. Programme :
2. Project :
3. Object Code :
4. Object Details :

Amount of Fixed Allowance if any:

}	Motor Car:	Rs.....
	Motor Cycle:	Rs.....
	Total Annual: Consolidated salary	Rs.....
	Rate at which combined Allowance is payable	Rs..... (Per diem)

**OFFICER'S NAME:** *Mr. / Mrs. / Miss. / Dr. / Prof.* .....

**DESIGNATION:** .....

**FACULTY / DEPARTMENT:** .....

Travelling on official duty from .....the purpose of *(nature of the duty)* .....

Transport Allowance (details Overleaf)

Combined Allowance (details Overleaf)

Total amount claimed

**Deductions**

Advance taken

**Total**

Rs	Cts.
.....	.....
.....	.....
.....	.....
.....	.....

I certify that the above claim of rupees (in words) .....and cents .....only contains a correct statement of travelling done by me in the service of the University, that it was necessary to incur such expenditure, that the rates claimed are fair and reasonable and in accordance with the regulations and that having regard to the nature of the official duties performed the travelling was done by the shortest possible route and the least expense to the university.

Date: .....

.....

*Signature of Claimant*

Times of Departure and Arrival checked and found correct.

Payment approved / recommended

.....

.....

*Signature*

*Signature of Authorized Officer*

Date .....

Date .....

#### **FOR ACCOUNT OFFICE USE ONLY**

Checked and found correct /in order

PAYMENT CERTIFIED

Votes Ledger Folio No :

.....

.....

*Signature of Checking Officer*

*S/A/Bursar*

Date .....

Cash /Checking No : .....

Date :...20.....

Received the sum of Rupees ..... and.....cents only in full Settlement of the above account.

Date:.....

.....

*Signature of Recipient*

Year 20....		Time of		1.Place Started	2.Place visited	Transport Allowance				Combined Allowance		Additional Allowance		..... Remarks (State reasons for staying more than 03 days in one place and name or hotel , rest house or boarding house at which you lodged (If Combined Allowance is being claimed))	
Month	Date	Departure	Arrival			Mode of Conveyance	Fare paid	Number of miles /Km travelled	Account Claimed	Rs	Ct.	Rs	Ct.		Rs.
<b>Total</b>															

I certify that the registration number of the motor-car / motor cycle in which the traveling was done is .....and that it is registered in my name (if any travelling was done by hiring car the receipt issued by the driver should be attached)

Date .....

.....  
Signature of claimant