

Employee Public Transport Fare Claim Sheet

For Official Use Only Please fill in all sections

Employee Name: _____
Employee ID: _____
Department: _____
Claim Month: ____ / ____
Contact Number: _____

Date	Origin	Destination	Purpose	Mode of Transport	Fare (Amount)	Receipt Attached
____ / ____ / ____	_____	_____	_____	_____	_____	Yes / No
____ / ____ / ____	_____	_____	_____	_____	_____	Yes / No
____ / ____ / ____	_____	_____	_____	_____	_____	Yes / No
Total Claimed (Amount):						_____

Claimant's Signature:

Name: _____
Date: ____ / ____ / ____

Supervisor's Approval:

Name: _____
Date: ____ / ____ / ____

Important Notes:

- Claims without valid receipts may be rejected.
- Only public transport fares for official duties are claimable.
- This claim form must be submitted within 30 days of travel.
- Incomplete information will delay claim processing.
- Supervisor approval is mandatory before submission to accounts.