

Employee Public Transport Fare Claim Sheet

For Official Use – 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.