BHUTAN CIVIL AVIATION AUTHORITY
Travel Authorisation

FAM- 4.10

Name of employee:
Designation: Grade: Number:
Date:

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

Estimated Travelling Expenses: Nu.

Advance required: Nu.

Tr. Advance outstanding: Nu.

Since (date)

Proposed tour approved/
Not approved.

Advance Nu.
Sanctioned/Recommendated.

(Signature of employee)
Date

(Signature & Seal, Head of Finance)
Date

(Signature & Seal, Controlling Officer)
Date

BHUTAN CIVIL AVIATION AUTHORITY

Travel Allowance Claim

FAM- 4.11

Name of employee:

Designation: Grade: Number:

No. of fares: Travel Authorisation No. & Date: Date:

Departure			Arrival			Daily	Mileage	Bus/Train/ Airfare	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 official purposes and the claims appear genuine and reasonable. Signature, Date & Seal of the Controlling Officer