

**MENJONG SORIG PHARMACEUTICALS COPRATION LIMITED
TRAVEL AUTHORIZATION FORM**



MENJONG SORIG
PHARMACEUTICALS CORPORATION LTD
A **dhi** Company

Name:
Designation:
Grade:

Department / Division:
Authorization date:

Date	Place		Time		Mode of Travel	Remarks/ Purpose of Travel
	From	To	Dep.	Arr.		

Estimated Traveling Expenses:

Advance required:

Employee's Signature	Signature of Supervisor	Sanctioning Authority Name and Designation
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Note:
1. This travel authorization must be obtained prior to proceeding on tour.
2. Copy of this travel authorization must be submitted to accounts for obtaining advance.

MENJONG SORIG PHARMACEUTICALS COPRATION LIMITED
TA/DSA CLAIM FORM



MENJONG SORIG
PHARMACEUTICALS CORPORATION LTD
A **dhi** Company

Name:
Grade:

Department / Division:
Authorization date:

Date	Place		Time		Daily Allowance (Nu)	Actual Bus/ Train Fare	Personal Vechile Used	Mileage	Any other Actual Expenses	Total	Remarks/ Purpose of Travel
	From	To	Dep.	Arr.		NU.	Kms	NU.	NU.	NU.	
TOTAL											

Advance taken: _____
Amount claimed: _____
Balance: _____

I hereby certify that the travel was performed by me for official purpose and the claims are genuine.

Date: _____ Signature of Employee

I hereby certify that travel was authorised by me for official purpose and the claims appear genuine and reasonable.

Date: _____ Signature of Sanctioning Authority

Employees must attach the following documents with their claim.
1. Travel authorization. 4. In case of claiming actuals - all claims must be supported with genuine bills.
2. Tour Report to be submitted seperately. 5. All claims made for official purposes must be supported with genuine bills.
3. Vechicle Log book copy (in case of use of corporation vehicle).
(Non production of any of the documents required may lead to disapproval of this claim)