MENJONG SORIG PHARMACEUTICALS COPRATION LIMITED TA/DSA CLAIM FORM



| Name: | |
|--------|--|
| Grade: | |

Department / Division: Authorization date:

| | ī | Time | | Daily Allowance (Nu) | Actual Bus/ Train Fare | Personal Vechile Used | Mileage | Any other Actual Expenses | Total | Remarks/ Purpose of Travel | |
|---|------|--------------------------------|-----------------|----------------------------|---------------------------------|--------------------------|-------------------|------------------------------------|-------|----------------------------|--------------------|
| Date | From | То | Dep. | Arr. | | NU. | Kms | NU. | NU. | NU. | |
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| TOTAL | | | | | | | | | | | |
| Advance taken: Amount claimed: Balance: | | | | | | | | | | | |
| Date: | | I hereby certify that the trav | el was performe | d by me for offici | al purpose and th | e claims are ge | enuine. | | | Sig | nature of Employee |
| | | I hereby certify that travel | was authorised | by me for official | purpose and the o | claims appear g | genuine and reaso | onable. | | | |
| Date: | | | | | | | , | Signature of Sanctioning Authority | | | |
| | | | | | | | | | | | |
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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.5. All claims made for official purposes must be supported with genuine bills.
- 2. Tour Report to be submitted seperately.

 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)