Royal University of Bhutan
College of Language and Culture Studies

Travel Allowance Bill

Name of Employe:

Position Level: Date:

Designation:

Depature			Arrival			Daily Allowance	Milleage	Bus/Train/ Air fare	Total	Purpose of Journey
Date	Time	Station	Date	Time	Station					

Certified that the travel was performed by me for offical purpose and the claims are genuine.

Signature of Employee

Certifed that the travel was authorized by me for official purpose and the claims appear genuine and reasonable.

Signature,Dated & Seal of the Controlling Officer