

THE UNITED REPUBLIC OF TANZANIA
PAYMENT VOUCHER
Traveling Allowance Claim

Station Number and Name
Ministry/RAS. DAS

Name and Address of Payee
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Voucher Number					
Allowance					
Vote	Sub-Vote	Segment Code	Item	Amount	
				Shs.	Cts
.....
.....

PAYING INSTRUCTIONS:
Insert "Cheque" or "Cash" →

Departure		Arrival		Duration of Stay	Rate per Night	Amount	
Date	Place	Date	Place			Shs	Cts
.....
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.....
.....
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.....
.....
.....
AUTHORITY:				Total – Shs

CERTIFICATE OF APPLICANT

I certify that I was traveling on duty/Transfer and actually absent from my station.....
for..... nights on public service for the period stated above and claim the
sum of sum of shilling..... cent.....
Date.....20..... Designation Signature Vote Control

RECOMMENDATION BY HEAD OF DEPARTMENT/REGION:
I recommend that this claims be passed to the extent of Tshs cent.....
Date.....20..... Designation Signature Vote Control

RECEIPT FORM:- (To be completed in the case of cash payments to illiterates):
Paid this..... Day of..... 20..... The amount of TShs.....
In full settlement of the above claim
Date..... 20.....
Signature of Paying Officer Signature (or thumb print-of Receiver)
Signature of Witness to Payment.....
(On necessary when payee is illiterate)

*Delete whichever inapplicable