



Candlelight for Environment, Education and Health
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Travel Expenses Claim Form

Name of Traveler	Title
1. _____	_____
2. _____	_____
3. _____	_____

Purpose of Travel: _____
Duty Station: _____

Itinerary		Departure		Mode of Travel	Contact Point at Destination	
From	To	Starting Date	Ending Date	If by car, write plate #	Place	Tel No.

Cost of Traveler

Per Diem/Allowances:	(_____)	= \$_____
Overnight Accommodation:	(_____)	= \$_____
Air Ticket Cost:	(_____)	= \$_____
Visa Cost:	(_____)	= \$_____
Transportation:	(_____)	= \$_____
Other Cost: (Please Specify)	_____	= \$_____
	_____	= \$_____
	_____	= \$_____
	_____	= \$_____
	_____	= \$_____
Total Expenses		= \$_____

<u>Approved by</u>	<u>Traveler's</u>
Name: _____	Name: _____ Sign: _____
Title: _____	Name: _____ Sign: _____
Date: _____	Name: _____ Sign: _____
Signature: _____	