

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	Document: Form	Ref No.: TUM/Form/HRM/014	
	Title: CAR ALLOWANCE REQUEST		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

*(To be filled in Quadruplicate)*

Distribution: Original - Staff File  
Duplicate - Finance Officer  
Triplicate - Internal Auditor  
Quadruplicate - Applicant

**PART A: STAFF DETAILS**

.....  
Surname (Last Name) First Name Middle Name  
ID/No..... Staff No..... PIN.....  
Date of First Appointment.....Designation.....Grade.....  
Department: .....

**PART B: CAR DETAILS**

Registration No.: .....Insurance No.....Log Book No.....  
.....  
Applicant's Signature Date

**Please attach copies of the following documents: Gate pass sticker, Log Book and Insurance sticker.**

**PART C: VERIFICATION OF CLAIM**

- The following documents have been seen and certified (*Please Tick Appropriately*)  
Gate Pass  Log Book  Insurance  Valid D/License
- Claim is **Valid/ Not Valid** (*Delete whichever is inapplicable*)
- Car Allowance Payable is KShs: .....

**Acting Senior Assistant Registrar (HRM)**

Signature: ..... Date: .....

**PART D : APPROVAL**

Approved  Not Approved

**Deputy Vice Chancellor (AFP)**

Signature: ..... Date: .....

