	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		**Ref No.: TUM/Form/HRM/015**
	Title: PASSAGE AND BAGGAGE ALLOWANCE CLAIM		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	**Revision No. 0**	**Date: 5th April 2018**

(*To be completed in triplicate*)

Name: _____ P/No: _____

Designation: _____ Grade: _____

Department: _____ Date Of Appointment: _____

S/N	DATE	DETAILS OF JOURNEY		DISTANCE	FOR HR USE ONLY	
		FROM	TO		AMOUNT PER (KM)	TOTAL AMOUNT

Reasons for Journey: _____

_____

_____

I certify that the expenses are in accordance with the TUM Terms of Services

Claimant: _____ _____ _____
Name Signature Date

Verified by: _____ _____ _____
HOD'S Name) Signature Date

Prepared by: _____ _____ _____
HRM's Name Signature Date

Payment Approved by: _____ _____ _____
Finance Officer's Name Signature Date

Payment Authorized by: _____ _____ _____
Vice Chancellor's Name Signature Date