



AMDA-Nepal

Local Transport Claim

Ref.:

Hospital/Project:

Designation:

Department/Unit:

Staff ID:

Name:

Requested Date:

This claim form should be filled out only for those official travels for which receipts or bills could not be obtained.

Sn	Travel Date	Travel form	Travel to	Travel Mode	Purpose	Claim Amt	Approved Amt
Total							

Requested by	Checked by (Line Supervisor)	Approved by (OIC)
(Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)

(Prior approval should be taken to claim transport cost exceeding Nrs. 1000.00 per day and/or event)