**Royal University of Bhutan**

**OVC/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel Authorization**

**Form No. RUBFM-31**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Employee:** | | |  | | | | | | | | |
| **Designation:** | | | | | | **Position Level:** | | | **Date:** | | |
| **From** | | **To** | | | | | **Mode of Travel** | **Halt at** | | **Purpose of Journey** | |
| **Station** | **Date** | **Station** | | | **Date** | |
|  |  |  | | |  | |  |  | |  | |
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|  |  |  | | |  | |  |  | |
| **Estimated Travelling Expenses: Nu** | | | | | | | | | | | |
| **Advance Required:** | | | | | | | | | | | |
| **(Signature of Employee)**  **Date** | | | | **(Signature & Seal, Head of Finance)**  **Date** | | | | | | | **(Signature & Seal, Controlling Officer)**  **Date** |

**Royal University of Bhutan**

**OVC/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel Allowance Bill**

**Form No. RUBFM-32**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Employee:** |  | | **Designation:** | |
| **Travel Authorization Date:** | | **Position Level:** |  | **Date:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure** | | | **Arrival** | | | **Daily Allowance** | **Mileage** | **Bus/Train/Air fare** | **Total** | **Purpose of Journey** |
| **Date** | **Time** | **Station** | **Date** | **Time** | **Station** |
|  |  |  |  |  |  |  |  |  |  |  |
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| **Total** | | | | | | | | |  |
| **(-) Advance Taken: Nu.** | | | | | | | | |  |
| **Amount claimed for payment/refunded: Nu.** | | | | | | | | |  |
| **Certified that the travel was performed by me for official purposes and the claims are genuine.** | | | | | | | | | | |
|  | | | | | | | **Dated Signature of employee** | | | |
| **Certified that the travel was authorized by me for official purposes and the claims appear genuine and reasonable.** | | | | | | | | | | |
|  | | | | | | | **Signature, Date & seal of the Controlling Officer** | | | |