TFN. 5
(Rev. 3/74)

THE UNITED REPUBLIC OF TANZANIA

PAYMENT VOUCHER

Travelling Allowance Claim

Station Number and Name.....

Ministry/R.D.D./D.D.D.....

Name and Address of Payee

Voucher Number				
ALLOCATION				
Vote	Sub-Vote	Item	AMOUNT Shs.	Cts.

PAYING INSTRUCTIONS:
Insert "Cheque" or "Cash" →

DEPARTURE		ARRIVAL		Duration of Stay	Rate per Night	AMOUNT	
Date	Place	Date	Place			Shs.	Cts.
AUTHORITY:					TOTAL — Shs. . . .		

CERTIFICATE OF APPLICANT:

I certify that I was travelling on *Duty/Transfer and actually absent from my station..... for..... nights on public service for the period stated above, and claim the sum of shillings (in words).....cents.....

Date.....20..... ....
Designation *Signature*

RECOMMENDATION BY HEAD OF DEPARTMENT/REGION:

I recommend that this claim be passed to the extent of Shs. .....Cents.....

Date.....20..... .... Vote Control
Designation *Signature*

RECEIPT FORM:—*(To be completed in the case of cash payments to illiterates):*

Paid / Received this.....day of.....20....., the amount of Shs. ....Cts. .....
in full settlement of the above claim.

Date.....20..... ....
Signature of Paying Officer *Signature (or thumb print) of Receiver*

Signature of Witness to Payment.....
(Only necessary when payee is illiterate)

*Delete whichever inapplicable.

Government Printer, Dsm.