

APPLICATION FOR HOME TO DUTY ALLOWANCE FOR THE SIX (6) MONTHS PERIOD.

FOR THE MONTH.....TO.....

1. SCHOOL NUMBER.....2. SCHOOL NAME.....

3. APPLICANT'S NAME.....EMPLOYEE NO.....

4.TSC NUMBER.....GRADE.....

(6) INFORMATION ABOUT PRESENT RESIDENCE:

a) PLACE OF RESIDENCE.....

b) DISTANCE BETWEEN PLACE OF WORK AND RESIDENCE.....KM(RETURN)

c) IS YOUR PRESENT RESIDENCE GOVERNMENT, OWNED? YES / NO.....

d) RENTAL PER MONTH E.....

e) TYPE OF ACCOMODATION (house, flat, etc)

f) NUMBER OF BEDROOMS.....

g) FOR HOW LONG HAVE YOU OCCUPIED IT.....

h) IS THE RESIDENCE ALLOCATED TO YOU? YES / NO.....

i) IF NOT TO WHOM IS IT ALLOCATED?

j) DO YOU RESIDE AT YOUR FAMILY HOMESTEAD/ YES / NO.....

k) DO YOU RESIDE AT ANOTHER FAMILY HOMESTEAD? YES / NO.

L) DISTANCES MADE BETWEEN AND..... AND.

I CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND HEREBY APPLY FOR PAYMENT OF HOME TO DUTY ALLOWANCE IN TERMS OF GOVERNMENT REGULATIONS.

SIGNATURE.....DATE.....

(APPLICANT)

RECOMMENDED BY SCHOOL PRINCIPAL WHERE THERE IS TEACHING.

I HAVE EXAMINED THE INFORMATION GIVEN AND I AM SATISFIED AS TO ITS AUTHENTICITY.

SIGNATURE.....DATE.....

(SCHOOL PRINCIPAL)

R.E.O. SIGNATURE.....DATE.....

AUTHORISED

SIGNATURE.....DATE.....

(PRINCIPAL SECRETARY)

FORM TSC BUS/ 92

MONTHLY

BUS/CAR TRAVEL ALLOWANCE CLAIM CERTIFICATE

TEACHER'S NAME.....TSC NUMBER.....

SCHOOL NAME.....SCHOOL NUMBER.....

MONTH FOR WHICH CLAIMS IS MADE.....YEAR.....

JOURNEY MADE BETWEEN.....AND..... (PLACES)

DISTANCE BETWEEN PLACE OF WORK AND

RESIDENCE.....KM (ONE WAY)

- | | |
|----------|----------|
| 1. | 13. |
| 2. | 14. |
| 3. | 15. |
| 4. | 16. |
| 5. | 17. |
| 6. | 18. |
| 7. | 19. |
| 8. | 20. |
| 9. | 21. |
| 10. | 22. |
| 11. | 23. |
| 12. | 24. |

WORKING DAYS ON WHICH JOURNEYS WERE MADE
(PLEASE PUT DATE AGAINST EACH WORKING DAY)

TOTAL NUMBER OF RETURN JOURNEYS MADE:

I CERTIFY THAT DURING THE PERIOD ABOVE MONTH I MADE THE ABOVE JOURNEYS.

AND I AM THEREFORE ENTITLED TO THE TRAVEL ALLOWANCE AUTHORIZED IN ACCORDANCE WITH THE TERMS OF GENERAL ORDER A.526.

IN MAKING THIS DECLARATION I ACKNOWLEDGE THAT I FULLY UNDERSTAND THE TERMS OF GENERAL ORDER A. 265. AND THE CIRCUMSTANCES, WHICH THE TRAVEL ALLOWANCES, CANBE CLAIMED.

TEACHER'S SIGNATURE..... DATE.....

SCHOOL PRINCIPAL'S SIGNATURE..... DATE.....

SCHOOL CODE _____ MONTH _____ YEAR _____

SCHOOL NAME _____

DATE _____

	EMPLOYEE IDENTIFICATION No.	NAME OF TEACHER	TSC NUMBER	# OF DAYS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				