

**BUGANDO MEDICAL CENTRE**  
**REQUEST FOR TRAVELLING AND SUBSTANCE ALLOWANCE**  
 \*(To be filled by Duplicate)\*

**A. TO THE DIRECTOR**

Name of Applicant ..... Designation .....  
 File No. .... Check No. ....  
 Department ..... Rate of subsistence allowance Shs. ....  
 I am traveling to ..... on ..... for a period of ..... days  
 and request Tshs ..... to meet the following expenses:-  
 Night allowance Shs. .... Airport charges shs .....  
 Night on Transit Shs. .... Patients food Shs .....  
 Tax charges Shs..... other expenses shs. .... i.e. for  
 .....  
 Date ..... Signature .....

**B. HEAD OF DEPARTMENT**

- (a) The journey has been recommended by me for purpose of:-
  - (i) To escort ..... Patients
  - (ii) To attend meeting/conference/studies/seminar opening on .....  
and closing on .....
  - (iii) Other official business .....
- (b) Number of safaris made this financial year ..... times
- (c) Date of return from last safari ..... date last submitted a report .....
- (d) The expenditure is covered under account No. ....  
Date: ..... Signature .....

**C. CHIEF ACCOUNT**

The amount recommended for this safari is Shs .....  
 And account number ..... Will be charged  
 Date: ..... Signature .....

**D. APPROVED Shs .....**  
 (.....)  
 Date ..... DIRECTOR .....

**E. ACTION BY ACCOUNTS DEPARTMENT:**

Amount issued Shs .....  
 Allocation debited account No. ....  
 Date ..... Signature .....  
 Date ..... Check No: .....