



PBSA Claim Form

Name: _____ Signature: _____

Purpose of travel: _____

Date of travel: From ____ / ____ / 20__ To ____ / ____ / 20__

Expense type/s:

Accommodation | Establishment: _____ R _____

Flights | Details: _____ R _____

Taxi/transfer fees | Details: _____ R _____

Fuel for road travel (at an agreed R3.00 per km.) | KM: _____ R _____

Toll charges | Toll Gate/s: _____ R _____

Parking fees | Parking Lot and duration: _____ R _____

Other | Details: _____ R _____

TOTAL CLAIM: R _____

Re-imburement particulars:

Full Name: _____

Address: _____

Contact No: _____

Bank: _____

Branch: _____

A/c Number: _____

APPROVED DECLINED by:

NAME: _____ SIGN: _____

NAME: _____ SIGN: _____

DATE: _____