

**UNIVERSITY FOR DEVELOPMENT STUDIES**  
**MILEAGE/KILOMETRIC AND OVER-NIGHT SUBSISTENCE CLAIM**

Name of Applicant: ..... Designation:.....

Faculty: ..... Department: .....

Quarter: ..... Year: .....

No of Days Previously Taken: .....

Estimated Length of Stay: .....

Trip: From: ..... To: .....

Purpose: .....

.....

Reg. No of Vehicle Used:..... Signature of Confirm: .....

Mileage/KM No of KM: ..... Rate: ..... Amount:.....

O/N (Per Diem) No. of Nights: ..... Rate:..... Amount:.....

Total Amount for Kilometric and Overnight: .....

Total Amount in Words: .....

.....

Signature of Applicant: ..... Date:.....

Comments of Head of Department: ..... Date:.....

Approved by Vice-Chancellor:..... Date:.....

Approved by Director of Finance:..... Date:.....