



GOVERNMENT OF KIRIBATI
Travelling Claim Attachment

Full Name: Ministry:

Purpose of trip:

Duration: From: To:

Imprests drawn: 1. IMP#: Ref.: Aud\$
 2. IMP#: Ref.: Aud\$

Total

Less: Subsistence Allowance

No.	Island/Country	Date		Days	Per Diem			
		From	To		Rate	Exch. Rat	AUD\$	Currency
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Total

Less: Incidental & Other Expenses

No.	Description	Date	Docket#	Amount	Exch. Rat	Aud\$	Currency
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

Total

Total Allowances & Expenses

Amount Payable to MFED/(Claimant)

Name of Applicant: _____ Designation: _____

Signature: _____ Date: _____

Checklist: (Please tick where appropriate)

Absence Form

Ticket

Funding Instruction

Invitation Letter

Boarding Pass

Receipts/Documents stated above

Payment Vouchers - Donors etc

Attendance List - Retreat/Workshop etc