Creditors Department:	
Date Paid:	
Amount Paid:	
Forward to Payroll Department	

SUBSISTENCE & TRAVEL (S&T) CLAIM FORM

Date of submitting Claim:		**Claim Approved by:**	
Employee Name & Surname:		**Employee Number:**	
Employee Position:		**Department:**	
Reason for submitting Claim:			
Do you receive a Travel Allowance?		☐ **YES**	☐ **NO**
Do you request payment before the Salary Payrun? • *If YES – Complete both Section A & B and send to the Creditors Department* • *If NO – Complete only Section A and send to Payroll Department – Riaan Enslin or Beverly Du Toit*		☐ **YES**	☐ **NO**

	Type of Travel:	Amount:	Number of Days:	Final Amount:
A	One day Travel	**R 161.00**		R
	Overnight Travel (with breakfast)	**R 450.00**		R
	Overnight Travel (without breakfast)	**R 522.00**		R
	Accommodation with Friends / Family (gift)	**(max) R 220.00**	**n/a**	R
	OTHER:			R
	Cost of Parking / Toll Fees			R
	Cost of Public Transport (bus, taxi, train, shuttle, Uber):			R
	Travel by own Vehicle (not claimed on ESS)	Kilometers travelled:		
		TOTAL Kilometers travelled:		
	Only to be completed by Creditors / Payroll Department		**TOTAL:**	R
			TOTAL CLAIM AMOUNT:	R

	Employee Bank Detail Confirmation:	
B	**Name of Bank:**	
	Account number:	

SIGNATURE: EMPLOYEE
DATE: _____

SIGNATURE: HEAD OF DEPARTMENT / MANAGER
DATE: _____