



TRAVELLING MILAGE CLAIM FORM

Name: _____

Claim Date: _____

Office Location: Johor Bahru / Kuala Lumpur / Site: _____

No	Date	Purpose	From	To	Distance (KM)	Mileage rate (Rm 0.50 per km)	No. of trip	Total Amount (RM)
							Total	

Prepared by: <i>(Claimant)</i>	Checked By: <i>(Human Resource)</i>	Approved By: <i>(Manager/ Director)</i>
<div>(Signature)</div> <div>Name:</div> <div>Designation:</div>	<div>(Signature)</div> <div>Name:</div> <div>Designation:</div>	<div>(Signature)</div> <div>Name:</div> <div>Designation:</div>