

APPENDIX XX

Payment /Reimbursement of Extra Fuel Expenses

1. Name of the officer :
2. Post :
3. Registration number of the vehicle assigned :
4. Fuel Consumption of the vehicle assigned (K. M. P. L.) :
5. The maximum amount of fuel entitled per month : (Litres)
6. Amount : Rs.
7. The distance travelled or proposed to travel using the extra fuel:

| Date | Point from where the Journey started /due to be started | Places visited or due to be visited | Distance K.M |
|--------------|--|--|-----------------|
| | | | |
| Total | | | |

8. The amount of fuel used for the journey or necessary for the journey: Liters
9. Amount applied for in respect of fuel used or in respect of the required fuel: Rs.
10. Extra fuel obtained during this year:

| Month | Quantity of Litres | Value | |
|-----------|--------------------|-------|-----|
| | | Rs. | Cts |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

I hereby certify that the foregoing information is correct.

Date:

.....
Signature of the Officer

I approve the payment of an extra fuel allowance in terms of the provisions of sub-section 3(IX) of Public Administration Circular No. 11/2006.

.....
Secretary to the Ministry