



FINANCIAL CLAIM FORM iENABLER

NOTES:

1. Original supporting documents must kept for audit purposes.

iEnabler Req. Nr

Beneficiary (Name on cheque)

Staff no.

Details of claim

From:

Department:

Building:

Room

Campus

1. TRIP PARTICULARS

Rands & Cents

1.1. Total distances travelled - private vehicle (complete table below): cc/acc

Summary: Total km traveled: Tariff: (SARS)

1.2 TRAVEL - KM's travelled

Date	From	To	Kilometers

2. DATES OF TRAVEL/SUBSISTENCE

cc...../acc

1 st Evening (Departure)	Last Evening (Return)	Total Evenings	Tariff (select appropriate option)	Total Tariffs (as per table below)

Departure	Return	Place	Evenings*

(*Evenings not spent at home)

2.1 Procurement References

Reference PR/Purchase Order

Only to be completed if partial bookings were done by Procurement

TOTAL