

HARMAYA UNIVERSITY
Finance Administration Directorate

Date -----

From ----- Department -----

I need Birr -----

To acquire only the following items with reasonable price.

1. -----
2. -----
3. -----
4. -----“-----
5. -----

Purpose

I promise to settle the amount

Applicant Signature

Approval
Finance Administration Director

HARMAYA UNIVERSITY
Finance Administration Directorate

Date -----

To Finance Administration Director

From ----- Signature -----

Department -----

Please advance me the sum of Birr -----

For the purpose of -----

I declare that we'll----- settle the amount with in the period allowed by the finance office and agree to be deducted from my salary including any penalties if I fall to settle with in the stipulate.

Receivable section

Budget Clearance

Finance Administration
Director

N.B The suspense voucher has to be accompanied with necessary supporting documents. -----

For Cash Office use only

1. Ato/ Wro / Wr/ Dr / Mr -----

Have received amount of Birr -----

----- From the cashier -----

----- From the above mentioned purpose.

**ሐረማያ ዩኒቨርሲቲያ የርቀት ጉዞ
የተሽከርካሪ አገልግሎት መጠየቂያ ቅጽ**

ለ፣ ተሽከርካሪ ጥገና ሥምሪት ክፍል
ከ፣ ----- ክፍል

የክፍላችን ባልደረባ የሆኑት

- | | |
|----------|----------|
| 1/ ----- | 4/ ----- |
| 2/ ----- | 5/ ----- |
| 3. ----- | 6/ ----- |

የሚሄዱበት ምክንያት -----

ወደ ----- ስለሚሄዱ ----- ተሽከርካሪ ተመድቦላቸው
ከ ----- ቀን ----- ሰዓት ጀምሮ ኤሌክ ----- ቀን -----

ሰዓት ድረስ ስለሚቆዩ ለጉዞ የሚያስፈልጋቸውን የነዳጅ፣ የቅባት፣ የሹፊናን አበልና

የመለስተኛ ጥገና ወጪ ክፍላችን የሚሸፍን መሆኑ ታውቆ ----- ሊትር ናፍታ/

----- ሊትር ቤንዚን ለተሽከርካሪው እንዲሞላና ባጀቱም ከ -----

ተቀናሽ እንዲሆን እንጠይቃለን።

የባጀቱን ትክክለኛነት ያጸደቀው
ኃላፊ ስም ፊርማና ማህተም

ጠያቂው ዳይሬክቶሬት ዳይሬክተር
ስም ፊርማና ማህተም

መጠይቁን ያፀደቀው
የትራንስፖርት ክፍል ኃላፊ

መጠይቁን ያፀደቀው ም/ፕሬዝዳንት
ስም ፊርማና ማህተም

ማሳሰቢያ

ሀ/ ይህ ቅጽ አዲስ አበባ ወይም ሌሎች ከ 200 ኪ.ሜ በላይ የሚርቁ አካባቢዎች ለሚደረግ ጉዞ የሚሞላ ነው።

ለ/ ቅጹ በሁለት ኮፒ ይሞላል። አንዱ ኮፒ ትራንስፖርት ክፍል ሌላው ኮፒ ጠያቂው ክፍል ተቀማጭ ይሆናል።

ሐ/ ቅጹ ተሞልቶ ለትራንስፖርት ክፍል መድረስ ያለበት ቢያንስ ከሶስት ቀን በፊት ነው።

መ/ የባጀቱ ምንጭ አግባብ በሆነ መልኩ መጠቀስ አለበት።

የመንግስት ተሽከርካሪዎች የነዳጅ የዘይትና ቅባት መጠይቅ

ቅጽ 08

ቀን -----

ለ -----

የሰሌዳ ቁጥር ----- የተሽከርካሪው አይነት ----- በቆጣሪው

ላይ የታየ ኪ.ሜትር ንባብ -----

| ተ.ቁ | አይነት | የጠያቂው ስም | | የተሞላው | | የማደያው ስም | ምርመራ |
|-----|--------------|----------|------|-------|------|----------|------|
| | | ብዛት | ብር/ሣ | ብዛት | ብር/ሣ | | |
| 1 | ነዳጅ ቤንዚን | | | | | | |
| | ነዳጅ ናፍታ | | | | | | |
| 2 | የሞተር ዘይት | | | | | | |
| 3 | የፍሬን ዘይት | | | | | | |
| 4 | የጥርስ ጥርስ ዘይት | | | | | | |
| 5 | ግሪስ | | | | | | |

የጠያቂው ስም ----- ፊርማ ----- ቀን -----

የፈቃድ ስም ----- ፊርማ ----- ቀን -----

ማሳሰቢያ፡

ይህ ቅጽ በሁለት ቅጽ ከተሰራ በኋላ የመጀመሪያው ቅጽ ለሚመለከተው ተቆጣጣሪ ሥራ ክፍል ይቀመጣል። ሁለተኛውን ቅጽ በጠያቂው / በተጠቃሚው የሥራ ክፍል ይያዛል።

HARAMAYA UNIVERSITY
TRAVEL REQUEST and AUTHORIZATION FORM

Date _____

1. Name & Snature _____
2. College 0/School/Department/Offices _____
3. Program/Project Name and _____ (Applicable for Project)
4. Salary _____
5. Per-diem rate per day birr (when applicable) _____
6. Purpose of the trip _____

7. _____ Departure _____ Destination _____
8. Means of Travel Air HU Vehicle Bus
9. Total no. of days (see the travel plan) _____
10. Advance payment (see details on the attached travel plan)
- 10.1 per-diem payment birr _____
- 10.2 Fuel _____
- 10.3 Incidental _____
- 10.4 Total pay birr _____

Travel Authorized by _____

- Department Head / Team Leader

a. Name _____

b. Signature _____

12. Budget Clearance (code) _____

Authorized by Name _____

Signature _____

13. The above total advance payment birr _____ is approved

FINAL APPROVAL

❖ Dean/Director Name and. Signature _____

Stamp

❖ V/President approval applicable for Dean and Directors only

Name & Signature _____

Stamp

cc. College/School/Department/Directorate/Offices

HARAMAYA UNIVERSIT Y

Travel Plan

1. Of the purpose: provide a detailed description of the purpose travel by
Indicating the task you intend to accomplish

2. Travel schedule details (indicate the names of towns and the administrative regions)
for departure and destination

3. Mileage points during the course of travel.

| No | Departure | | | Destination | | | For finance office only | |
|----|-----------|------|------|-------------|-------|--------|-------------------------|----------------|
| | From | Date | Time | Breakfast | Lunch | Dinner | No. of days | Total Per-diem |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Refers to trips list considering departure and destination between any two towns

4. Estimated travel costs
 - a) Vehicle Plate No. _____ Fuel consumption rate (km/litre) _____
 - b) Estimated total distance to cover _____
 - c) Estimated fuel cost _____
 - d) Incidental costs (e.g. tyre maintenance)

Authorized by

- Director /College Dean
 - a. Name _____
 - b. Signature _____
 - Stamp _____
- Department Head /Team Leader
 - a. Name _____
 - b. Signature _____
 - Stamp _____

4. Deliverables upon return within a maximum of a week
 - Detailed trip reports describing what has been achieved and the justification for any deviation from the initial plan.
 - Legal (acceptable) receipts against all kinds of expense unless clearly justified

Note: The trip authorizing person must make sure that the assigned driver has accounted for any preceding expense before signing.

ሐረማያ ዩኒቨርሲቲ
ቋሚ የዋጋ ተመን የሌላቸው-
ዕቃዎች መግዥያ ፎርም

ቀን -----

| ተ.ቁ | የሽጭ -ስም | አድራሻ | የእቃው አይነት | ብዛት | የአንዱ ዋጋ በአሐዝ | ጠቅላላ ዋጋ | ጠቅላላ ዋጋ በፊደል | የሽጭ ስም ፊርማ |
|-----|---------|------|-----------|-----|--------------|---------|--------------|------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |

በግዥ ላይ የተገኙ የኮሚቴ አባላት /ተወካዮች/

| | | | |
|-----|-----------|------------|-----------|
| ተ.ቁ | <u>ስም</u> | <u>ፊርማ</u> | <u>ቀን</u> |
| 1/ | ----- | ----- | ----- |
| 2/ | ----- | ----- | ----- |
| 3/ | ----- | ----- | ----- |

HARMAYA UNIVERSITY

To: Printing and duplication service

From -----
Name Position Signature

Department

Please process the following service and change our budget ----- indicated by "X" 1. General -----fund 3.
Research fund ----- 2. Special fund specify 4 other .

| No of sheets cost sheet | Total |
|--|--------------|
| 1. Mimeograph ----- 0.05 ----- | ----- |
| 2. Mime graph (ink only) -----X. 0.3 ----- | ----- |
| 3. Photo copy ----- X. 0.50 ----- | ----- |
| 4. Electron stencils ----- X0.35 ----- | ----- |
| Approved by ----- | ----- |

Signature of prt. . Dup see head

HARMAYA UNIVERSITY

To: Printing and duplication service

From -----
Name Position Signature

Department

Please process the following service and change our budget ----- indicated by "X" 1. General -----fund 3. Research fund ----- 2. Special fund specify 4 other specify.

| No of sheets | cost sheet | Total |
|----------------------------|---------------------|-------|
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| 3. Photo copy | ----- X. 0.50 ----- | ----- |
| 4. Electron stencils | ----- X0.35 ----- | ----- |
| Approved by | ----- | ----- |

Signature of prt. . Dup see head

ቀን

ሕጋዊ ፋኩቱር ለሌላቸው ክፍያዎች የሚቀርብ ደረሰኝ

የከፋይ ስም

የከፋይ መስሪያ ቤት -----

የተከፈለ ብር በአኃዝ -----

የተከፈለ ብር በፊደል -----

የተከፈለበት ምክንያት -----

መቀበሉን በፊርማዎ አረጋግጣለሁ

ስም -----

የከፋይ ስም -----

ፊርማ -----

ፊርማ -----

እማኞች

ስም -----

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ስም -----

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