**TUNTUTAN ELAUN MOTOSIKAL**

**BAGI BULAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAHUN\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MAKLUMAT PEMOHON** |
| Nama | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Jenis Kenderaan | : | \_\_ \_ \_\_\_\_\_\_\_\_\_\_\_ |
| No. Kad Pengenalan | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Model | : | \_\_\_\_\_\_\_\_\_\_\_\_ |
| No. Staf | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | No. Pendaftaran | : | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Jawatan | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Kuasa (s.s) | : | \_\_\_\_\_\_\_\_\_\_\_\_ |
| PTJ/Jabatan/Bahagian | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Telefon | : | \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BAHAGIAN A : BUTIRAN TUNTUTAN** |

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| **Tarikh** | **Waktu Bertugas** | **Tempat Bertugas** | **Keterangan Tugas** | **Jumlah Tuntutan (KM)** |
| **Dari** | **Hingga** | **Dari** | **Ke** |
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| **Tarikh** | **Waktu Bertugas** | **Tempat Bertugas** | **Keterangan Tugas** | **Jumlah Tuntutan (KM)** |
| **Dari** | **Hingga** | **Dari** | **Ke** |
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Saya dengan ini mengaku telah menggunakan kenderaan persendirian milik saya bagi melaksanakan tugas rasmi seperti dinyatakan dalam Jadual dan memohon untuk dibayar :-

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Elaun Motosikal sebanyak RM120.00 ( melebihi 12 hari)

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Elaun Perjalanan Kenderaan bagi kenderaan Motosikal seperti berikut :

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| 500 km pertama | …………………... |  | km x 40 sen  | = RM ……………. |
| 501 km – 1,000 km  | …………………... |  | km x 35 sen | = RM ……………. |
| 1,001 km – 1,700 km | …………………... |  | km x 30 sen | = RM ……………. |
| 1,701 km dan seterusnya | …………………... |  | km x 25 sen | = RM ……………. |
|  |  |  | **JUMLAH**  |  **RM …………….** |

Peringatan : Borang tuntutan yang lengkap bagi sesuatu bulan hendaklah dikemukakan pada bulan berikutnya kepada Pejabat Bendahari. Mana-mana tuntutan yang lewat diterima tidak akan dipertimbangkan untuk bayaran.

Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BAHAGIAN B : Untuk dipenuhi oleh Ketua PTJ / Jabatan / Bahagian**  |

Saya mengesahkan staf **adalah \*layak/ tidak layak** dibayar :-

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 Elaun Motosikal sebanyak RM120.00 sebulan ; **atau**

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Elaun Perjalanan Kenderaan bagi kenderaan Motosikal

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| **TARIKH** |  | **KETUA PTJ/ JABATAN/ BAHAGIAN** |
|  |  | Nama/ Cop |