ANNEXURE "D"
CONTINUATION SHEET TO PMT/PROF/0001
(IN THE EVENT OF ANY ADDITIONAL TRIPS TO BE UNDERTAKEN)

* To be attached to pro-forma PMT/PROF/0001 and presented upon request

Date	Starting Point	Odometer Reading	End Point	Odometer Reading	Reason for Trip

Validity Period: Date From …….. To ……..Time Period: From …….. To ……..

THE ABOVE TRIP(S) AUTHORISED BY:
I hereby certify that the journeys are official and that funds are available to cover the expenditure.

Responsibility Manager:	Signature:	Tel No:	Date:
…….	…….	…….	…….
Supervisor's Name:	Signature:	Tel No:	Date:
…….	…….	…….	…….
Transport Officer's Name	Signature:	Tel No:	Date:
…….	…….	…….	…….