

FORM E
(G.O. 102(2)(a))

CLAIM FOR TRANSFER GRANT OUTSIDE STATION

PARTICULARS OF OFFICER APPLYING		
Name (In Capital Letters) :		
Identity Card No. :		
Grade/Category/[Group(**)]/Rank :		Appointment :
Income (RM)	Salary :	Marital Status : Married/Bachelor(*)/ Others (State) :
	Allowances :	
	Total :	
PARTICULARS OF SPOUSE OF OFFICER		
Name (In Capital Letters) :		
Identity Card No. :		
Grade/Category/[Group(**)]/Rank/ Others (Private) :		Appointment :
Income (RM)	Salary :	Name and Address of Department/Agency :
	Allowances :	
	Total :	
PARTICULARS ON DEPENDENTS		
Number.....persons (children and a servant) and the particulars thereof are as follows:		
Name	Age (Years)	I.C. or Birth Certificate No.
PARTICULARS ON TRANSFER		
Effective date of transfer:		Implementation date of transfer:
Name and Address of Old Office		Name and Address of New Office:
Distance between Old Office and New Office:		km.
Old House Address:		New House Address:

PARTICULARS OF CLAIM

Elements of Fixed Payment:

(1) Subsistence allowance:

Before : RM _____ x _____ persons x 3 days: RM _____

After : RM _____ x _____ persons x 5 days: RM _____

Total: RM _____

(2) Transfer Grant: (Single/Family Rate(*)) RM _____

Elements of Variable Payment:

(3) Hotel Room Charges (including Service Tax and Government Duties)

(Receipts _____)

Before: RM _____ x 3 days: RM _____

After: RM _____ x 5 days: RM _____

Total: RM _____

or Lodging Allowance (For the officer only):

Before: RM _____ x 3 days: RM _____

After: RM _____ x 5 days: RM _____

Total: RM _____

(4) Passage:

(a) Public Transport Fare:

(i) By land: RM _____

(ii) By sea: RM _____

(Receipt _____)

(iii) By air: RM _____

(Receipt _____)

Total: RM _____

PARTICULARS OF CLAIM

or (b) Vehicles Travelling Allowance: Distance _____ km

For:

First 500 km _____ km x _____ sen/km: RM _____

150 km after 500 km: _____ km x _____ sen/km: RM _____

150 km after 650 km: _____ km x _____ sen/km: RM _____

150 km after 800 km: _____ km x _____ sen/km: RM _____

150 km after 950 km: _____ km x _____ sen/km: RM _____

150 km after 1100 km: _____ km x _____ sen/km: RM _____

150 km after 1250 km: _____ km x _____ sen/km: RM _____

150 km after 1400 km: _____ km x _____ sen/km: RM _____

150 km after 1550 km: _____ km x _____ sen/km: RM _____

every km after 1700 km: _____ km x _____ sen/km: RM _____

Total: RM _____

(5) Charges for Transportation of Personal Effects (See Table III of Eleventh Schedule):

(i) By road: Distance _____ km

For:

first 50 km _____ RM _____

200 km after 50 km: _____ km x _____ sen/km: RM _____

250 km after 250 km: _____ km x _____ sen/km: RM _____

250 km after 500 km: _____ km x _____ sen/km: RM _____

250 km after 750 km: _____ km x _____ sen/km: RM _____

250 km after 1000 km: _____ km x _____ sen/km: RM _____

every km after 1250 km: _____ km x _____ sen/km: RM _____

Total: RM _____

or (ii) by sea (Receipt _____) RM _____
TOTAL [(1) to (5)] RM _____
Miscellaneous Expenses [_____ % of the total of (1) to (5)]: RM _____
GRAND TOTAL RM _____
DECLARATION
<p>I declare that:</p> <ul style="list-style-type: none"> (a) the journey on the mentioned date is true; (b) this claim is made in accordance with the rates and terms and conditions specified under the prevailing rules relating to transfer of officers; (c) the particulars mentioned above are true and I am fully liable for same; and (d) I hereby will not make similar claim to the Department/Agency of old/new* place of work. <p style="margin-top: 20px;">Date: _____</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;"><i>(Signature)</i></p>
CERTIFICATION
<p>I certify that the said journey is in execution of the transfer order according to the eligibility of the officer.</p> <p style="margin-top: 20px;">Date: _____</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;"><i>(Signature)</i></p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;"><i>(Name)</i></p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;"><i>(Designation)</i></p>

PERSONAL ADVANCE (if any)	
Personal Advance given	RM _____
Less: Present claim	RM _____
Balance claimed/Balance to be reimbursed	RM _____
<p>Notes:</p> <p>a) If this claim is to be paid by the Department/Agency* of the original place of work of the officer, a copy of the claims form shall be submitted to the Department/Agency* of the new place of work of the officer. If this claim is to be paid the Department/Agency* of the new place of work of the officer, a copy of the claims form shall be submitted to the Department/Agency* of the original place of work of the officer.</p> <p>b) For working spouse, a copy of the duly completed form shall be submitted to the Department/Agency* of the place where the spouse of the officer is serving.</p> <p>Remarks:</p> <p>(*) - delete whichever is inapplicable.</p> <p>(**) - if the officer opts not to accept the SSB</p>	