

**ROYAL INSTITUTE OF MANAEMENT  
SIMTOKHA**

PARKING FEE REIMBURSEMENT FORM

Date:

FOR THE MONTH OF :

Vehicle No. : \_\_\_\_\_

Sl #	Parking fee	No. of receipt	Amount	Remarks
1	Nu. 50			
2	Nu. 30			
3	Nu. 25			
4	Nu. 20			
5	Nu. 15			
6	Nu. 10			
<b>Total Amount</b>				

All the receipts pertain to the public parking charges paid during the official duties of the institute.

Submitted by

Name & Singature of Driver

Signature of Transport Officer

**Signature of the Approving/  
Controlling Officer**