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**ANNEXURE B**

**COMMENTS ON NATIONAL TREASURY CIRCULAR 9 OF 2016/17**

**COMMENTS ON THE NATIONAL TRAVEL POLICY FRAMEWORK**

**DUE DATE FOR COMMENTS – MONDAY 31 OCTOBER 2016**

1. **COMMENTATOR DETAILS**

|  |  |
| --- | --- |
| **Institution`s Name** |  |
| **Institution`s Type** | **Department, Government Component, Trading Entity, Constitutional Institution, Public Entity listed in Schedule 2, 3A, 3B, 3C to the PFMA** |
| **Physical Address** |  |
| **Name of Contact Person** |  |
| **Telephone Number of Contact Person** |  |
| **Email Address of Contact Person** |  |

1. **COMMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Paragraph from the National Travel Policy Framework** | **Comments on the Paragraph selected for comments** | **Proposed amendment to paragraph** | **Notes for the drafter** |
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1. **SIGN OFF PAGE**

**Date of submission of comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation:**

**Date:**