

STAFF ALLOWANCE FORM

| | |
|-------------|--------------|
| Client | PH Office |
| Location | Portharcourt |
| Travel Date | 2-12-2018 |
| Return Date | 5-12-2018 |

| Description | No. of days | Amount/day | Amount/meal | Total amount due |
|-------------------------|-------------|------------|----------------|------------------|
| Personal allowance | — | — | — | — |
| Accommodation allowance | 3 days | 10,000 x 3 | | 30,000 |
| Feeding allowance | 3 days | 4,500 x 3 | 1,500 per meal | 13,500 |
| | | | | <u>#43,500</u> |

Tonye Mumbere - Otaji
Employee Name

Signature

4-12-18
Date

APPROVED BY:

Raphael Kwah
Line Manager (Name)

Signature

18-12-05
Date

Nkeli Nchubuisi
HR/Admin (Name)

Signature

12/18
Date

Internal Audit (Name)

Signature

Date

MD/CEO

Signature

Date