



ELSHCON

ENL/HR/F15

## STAFF ALLOWANCE FORM

Client	CIBM
Location	Lagos
Travel Date	26-3-2019
Return Date	27-3-2019

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	1 day	4,000	—	4,000
Accommodation allowance	A night	10,000		10,000
Feeding allowance	A night/A day		1,500 X 4	6,000
Internal Transportation	—	—	—	5,000
				<u>25,000</u>

.....  
*Isiaka Asika*

Employee Name

.....  
 Signature

.....  
 Date

APPROVED BY:

.....  
 Line Manager (Name)

.....  
 Signature

.....  
 Date

.....  
 HR/Admin (Name)

.....  
 Signature

.....  
 Date

.....  
 Internal Audit (Name)

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 Signature

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 Date

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 MD/CEO

.....  
 Signature

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 Date