

STAFF ALLOWANCE FORM

Client		
Location	Bayelsa 11-4-2019	
Travel Date	11-4-2019	
Return Date	13-4-2019	

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	2	3,000	-	8,000
Accommodation allowance	2	10.000		20,000
	2	3.000	500	8,000
Feeding allowance		Meir		A-32,000

		11.
LUCK & NWY L SUMY Employee Name	Signature	9-4-2019 Date
APPROVED BY: Note Southwar Line Manager (Name) HR/Admin (Name)	Signature Signature	Date Date Date
Internal Audit (Name)	Signature	Date
	Signature	Date &
MD/CEO	Signature	pro v