

STAFF ALLOWANCE FORM

Client	MOQ - Exhibition		
Staff Name	Tonye Amara		
Location	Abuja		
Travel Date	1/7/2019		
Return Date	4/7/2019		

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	4	4000		16,000
Accommodation allowance	3	15,000		45,000
Feeding allowance	4	4500		18,000
Local Transportation	4	1000	Airport 4,000	8,000
Interstate Transportation				
TOTAL		24,500		87,000

Employee Name f fonye

Signature f fonye

Date

APPROVED BY:

Line Manager (Name) Nkechi

Signature [Signature]

Date

HR/Admin (Name) [Signature]

Signature [Signature]

Date

Internal Audit (Name)

Signature

Date

Acting chief Operating Officer

Signature

Date

MD/CEO

Signature

Date