

STAFF ALLOWANCE FORM

Client	
Location	Bayelsa
Travel Date	04-04-2019
Return Date	05-04-2019

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	2	1,500		3,000
Accommodation allowance	2	5,000		10,000
Feeding allowance	2	1,500		3,000

#16,000

Sunday Shuka
Employee Name


Signature

9-4-2019
Date

APPROVED BY:

Line Manager (Name)

Signature

Date

HR/Admin (Name)

Signature

Date

Internal Audit (Name)

Signature

Date

MD/CEO

Signature

Date

STAFF ALLOWANCE FORM

Client	
Location	Bayelsa
Travel Date	04-04-2019
Return Date	05-04-2019

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	2	1,500		3,000
Accommodation allowance	2	5,000		10,000
Feeding allowance	2	1,500		3,000

~~16,000~~

Lucky Nwogu
Employee Name

[Signature]
Signature

9-4-2019
Date

APPROVED BY:

.....
Line Manager (Name)

.....
Signature

.....
Date

.....
HR/Admin (Name)

.....
Signature

.....
Date

.....
Internal Audit (Name)

.....
Signature

.....
Date

.....
MD/CEO

.....
Signature

.....
Date