

STAFF ALLOWANCE FORM

Client	NIG Exhibition
Staff Name	Shirley Dike
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	3000		12,000
Accommodation allowance	3	15,000		45,000
Feeding allowance	4	2,250		9,000
Local Transportation	4	1000	Airport 4000	8,000
Interstate Transportation				
TOTAL				74,000 =

Shirley Dike

Employee Name

[Signature]

Signature

28/6/2019

Date

APPROVED BY:

Line Manager (Name)

Nkoli

HR/Admin (Name)

Signature

[Signature]

Signature

Date

28/7/19

Date

Internal Audit (Name)

Signature

Date

Acting chief Operating Officer

Signature

Date

MD/CEO

Signature

Date