



ELSHCON

ENL/HR/F15

## STAFF ALLOWANCE FORM

Client	Staff	Shirley Dike
Location		Lagos
Travel Date		13/12/18
Return Date		15/12/18

Description	No. of days	Amount/day	Amount/meal	Total amount due
Personal allowance	2 days	4,000	—	8,000
Accommodation allowance	2 days	10,000 x 2	—	20,000
Feeding allowance	2 days / morning	—	1,500 x 7	10,500
				38,500

Shirley Dike  
Employee Name

Signature

12-12-18  
Date

APPROVED BY:

Raphael Ihorh  
Line Manager (Name)

Signature

18-12-12  
Date

Nkoli Ndubuisi  
HR/Admin (Name)

Signature

12/12/18  
Date

Internal Audit (Name)

Signature

Date

MD/CEO

Signature

Date