

# 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	3,000		12,000
Local Transportation	4	1000	Airport 4000	8,000
Interstate Transportation				
TOTAL				<del>77,000</del>

Shirley Dike  
Employee Name

f Shirley  
Signature

28/6/2019  
Date

APPROVED BY:

Line Manager (Name)

Nkoli

Signature

Signature

Date

28/7/19

HR/Admin (Name)

Signature

Date

Internal Audit (Name)

Signature

Date

Acting chief Operating Officer

Signature

Date

MD/CEO

Signature

Date