

Total Mileage		
Maintenance Allowance		
Per Diem Allowance		
Night Allowance		
Others		
Kilometric Allowance		
Total		

Amount in Words:.....

.....

Signed.....
Claimant

Entries and additions Checked by.

Date

.....
Accounts Officer

Date

.....
Head of Section/Project Co-ordinator

.....
Snr. Accounts Officer

Date:.....

Date

Approved by.....
Director

Passed for Payment €.....

Date.....

.....
Accountant

Date.....

Received this Day of The Sum of.....

.....

.....
Signature of Receiver

Examined by.....
Internal Auditor

Date.....