

APPLICATION FOR EXTRA DUTY ALLOWANCE

Ref. No.

A. To be completed by the Applicant (Triplicate):

1. Name as per Payroll
2. Designation Department
3. Check No.
4. Salary Scale
5. Lunch/Dinner allowance Rate per day
6. Details of Lunch Allowance required:
- (a) Number of days to work over-time:
- (b) Date of Commencing:
- (c) Date of Finishing:
- (d) Nature of Work done:
-
- (e) Total amount payable:

I hereby certify that the particulars given above are correct to the best of my knowledge and that I will have to work overtime from
To each day.

Date:
Signature of Applicant

B: To be completed by the Head of the Division:

I recommend that Ndugu
Be paid Shs. As Lunch Allowance for
Days and that the work for which this allowance is paid for is done/was done
correctly and completed within the period shown above.

Date:
Signature of the Head of Division

C: To be completed by Accounting Officer

I approve/do not approve the payment of Shs. Being
Lunch/Dinner Allowance for days as applied for.

Date:
Signature of Accounting Officer