

LAGOS STATE UNIVERSITY, OJO

Staff Welfare Unit

ACADEMIC STAFF

APPLICATION FORM FOR OUT-OF-CAMPUS ALLOWANCE FOR UNIVERSITY OFFICIAL ASSIGNMENT

To be completed in *TRIPLICATE*

SECTION A

To: The Vice Chancellor
Thru: The Registrar
Thru: Dean/Committee's Chairman
Thru: Head of Department

NAME: **PF:**

STATUS: **PHONE NUMBER:**

SALARY GRADE & LEVEL:

DEPARTMENT:

NATURE/PURPOSE OF ASSIGNMENT:

PLACE/LOCATION OF ASSIGNMENT:

ASSIGNMENT DATES:

Kindly attach all relevant documents in respect of the Assignment (if any)

.....
Applicant's Signature

.....
Date

SECTION B

COST IMPLICATION OF THE ASSIGNMENT (TO BE COMPLETED BY STAFF WELFARE UNIT/FACULTY FINANCE OFFICER)

Location

Night Allowance

₦ K

Incidental/Contingency

Local Transport

Traveling Allowance

(a) Return Air Ticket

(b) Road Travel in kilometer ()

Total

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SECTION C

Recommendations/Comments by the Registrar/Dean/Committee's Chairman/HOD:

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Signature

.....
Date

SECTION D

BURSAR'S COMMENT:

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VOTE

EXPENDED

BALANCE

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.....

.....
Signature

.....
Date

SECTION E

VICE CHANCELLOR'S APPROVAL

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Signature

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Date