



AHMADU BELLO UNIVERSITY, ZARIA

(Office of the Bursar)

FORM PS. 1
(Revised 1984)

Claim to allowances for month ending _____ 20 _____

Name (in block letters) _____ Banker _____

Department _____ Designation _____

Vehicle Reg. No _____ Personal/Official _____

ITEM	ALLOWANCES	CODES	AMOUNT										
			N	K									
1.	<p><u>Duty Mileage:</u> Incurred on University business as stated overleaf.</p>												
2.	<p><u>Travelling on University Business:</u></p> <p>(a) Travelling Allowances in Nigeria as shown overleaf. _____ Nights at N_____ per day OR</p> <p>(b) <u>Hotel Expenses:</u> Receipted bills attached:-</p> <table style="margin-left: 20px;"> <tr> <td style="border: none;"><u>Details</u></td> <td style="border: none; text-align: center;">N</td> <td style="border: none; text-align: center;">K</td> </tr> <tr> <td style="border: none;">Less charges for children and other unclaimables.</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table> <p>(c) Travelling allowance outside Nigeria shown overleaf at approved Estacode rates _____ Nights at N_____ per day</p>	<u>Details</u>	N	K	Less charges for children and other unclaimables.								
<u>Details</u>	N	K											
Less charges for children and other unclaimables.													
3.	<p><u>Approved Purchased for the University</u></p> <table style="margin-left: 20px;"> <tr> <td style="border: none;"><u>Details</u></td> <td style="border: none; text-align: center;">N</td> <td style="border: none; text-align: center;">K</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table>	<u>Details</u>	N	K	_____			_____					
<u>Details</u>	N	K											

4.	<p><u>Guest of University Allowance</u></p> <p>Accommodating _____ Nights at N_____ per person/night</p>												
5.	<p><u>Other Claims:</u> (State nature, amount and authority)</p> <p>(a) Baggage Allowance _____</p> <p>(b) Medical Expenses _____</p> <p>(c) _____</p> <p>(d) _____</p> <p><u>NB</u> Please list separately all items chargeable to different people.</p>												

DETAILS OF MILEAGE AND TRAVELLING ALLOWANCES

DATE	JOURNEY FROM/TO OR NIGHT STOP	PURPOSE	NUMBER OF KILOMETERS CLAIMED	AMOUNT ON TRAVELLING ALLOWANCE CLAIMED	
				N	K
		TOTALS =			

SUMMARY

(a) _____ Kilometers at 30k per Kilo = N _____

(b) Other Travelling Allowance Claimed = N _____

Total = N _____

CERTIFICATION

I certify that I am entitled to the allowances claimed above and that no other amount has been or will be claimed in respect of these allowances/expenditure.

Date _____ Signature _____
(Member of Staff)

APPROVAL OF THE HEAD OF DEPARTMENT

I certify that this expenditure is entered in the Vote Book.

Date _____ Signature _____
(Please Affix Official Stamp)

FOR BURSAR'S OFFICE USE ONLY

Received by: _____ Date: _____

Checked by: _____ Date: _____

Authorised by: _____ Date: _____