

LAGOS STATE UNIVERSITY, OJO

Staff Welfare Unit

NON-TEACHING STAFF

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

To be completed in TRIPLICATE

SECTION A

To: The Vice Chancellor

Thru: The Registrar

Thru: Head of Department

1. **NAME:**PF:
2. **STATUS:**PHONE NUMBER:
3. **SALARY GRADE & LEVEL:**
4. **DEPARTMENT:**
5. **NATURE/PURPOSE OF ASSIGNMENT:**
6. **PLACE/LOCATION OF ASSIGNMENT:**
7. **ASSIGNMENT DATES:**

.....
Applicant's Signature

.....
Date

SECTION B

8. COST IMPLICATION OF THE ASSIGNMENT (TO BE COMPLETED BY STAFF WELFARE UNIT)

Location

Night Allowance

Incidental/Contingency

Local Transport

Traveling Allowance

(a) Return Air Ticket

(b) Road Travel in kilometer ()

Total

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SECTION C

BURSAR'S COMMENT:

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VOTE

EXPENDED

BALANCE

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.....

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Signature

.....
Date

SECTION D

Recommendations/Comments by the Registrar

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Signature

.....
Date

SECTION E

VICE CHANCELLOR'S APPROVAL

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.....

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Signature

.....
Date