

HALMASHAURI YA WILAYA YA KITETO

SIMU NA: 027-2552000
FAX NA: 027-2552020



OFISI YA MKURUGENZI MTENDAJI (W)
S.L.P. 98,
KITETO

CLAIM FOR PAYMENT OF LUNCH ALLOWANCE

A. Name Designation.....
Salary Scale:..... I certify that I was assigned by:
to work Beyond normal work working hours from
(time)..... to
for..... days with effect from (Date)
.....to.....

Duties performed:-

1.
2.
3.
4.

I therefore apply for payment of Lunch allowance of
shs.....

Date:.....

.....
(Signature of Applicant)

B. RECOMMENDATION OF DEPARTMENT:

I certify that the above applicant is recommended.

Date:.....

.....
(Signature)

C. APPROVAL BY AUTHORISING OFFICER:

The above applicant has approved to the sum of Shs.....

Date.....

.....
(Signature)