UNIVERSITY OF MINES AND TECHNOLOGY (UMaT), TARKWA APPLICATION FOR OFF-CAMPUS ALLOWANCE

1. TO BE COMPLETED BY APPLICANT

a) Particulars of Applicant

Name:
Post/Status:
Department/Unit:
Date of Assumption of Duty at the University:
Residential Address:

2. ENDORSEMENT BY THE ESTATE OFFICER

I confirm	that	 ••••••	 	 	 		stays at
		 	 	 which is	 i	km/mi	les away

from campus.

Date	Name of Estate Officer	Signature

...

3. ENDORSEMENT BY INTERNAL AUDITOR

The place indicated above is out of campus and hence recommend that the applicant be paid the requested allowance.

Date Name of Auditor Signature

4. APPROVAL BY REGISTRAR

Based on 2 and 3 above, the payment of off-campus allowance to is approved to take effect from Date Signature of Registrar