

UNIVERSITY OF MINES AND TECHNOLOGY (UMaT), TARKWA APPLICATION FOR OFF-CAMPUS ALLOWANCE (WITH CAR WITHOUT CAR)

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: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| b) | Driver's License Details | | | | |
| | Car Model/Registration Number: | | | | |
| | | | | | |
| | Driver's License Number: | | Expiry Date: | | |
| | | | Expiry Date: | | |
| 2. | ENDORSEMENT BY THE ESTATE OFFICE | D | | | |
| ۷. | ENDORSEWENT BY THE ESTATE OFFICE | ĸ | | | |
| | I confirm that | | | | |
| | stays at | | | | |
| | stays at | | | | |
| | which is | | | | |
| | km/miles aw | /ay | | | |
| | from campus. | | | | |
| | | | | | |
| | | | | | |
| | Date | Name of Estate Officer | Signature | | |
| | | | | | |
| 3. | ENDORSEMENT BY INTERNAL AUDITOR | DORSEMENT BY INTERNAL AUDITOR | | | |
| | The place indicated above is out of campus and hence recommend that the applicant be paid the | | | | |
| requested allowance. | | | | | |
| | | | | | |
| | | | | | |

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

4. APPROVAL BY REGISTRAR