

PAYROLL ALLOWANCE REQUEST FORM

Staff Name		Staff No.	
Branches		Department	
Position			
REASON FOR REQUEST			
Type of Allowance	:		
Amount	:		
Reason	:		
Effective Month			

Issued By Immediate Superior

Approved By Manager

Name :

Date :

Name :

Date :

Verify By HR

Approved By BOD

Name :

Date :

Name :

Date :