

CLAIM FOR MEAL ALLOWANCE

MINISTRY _____

DEPARTMENT _____

NAME OF OFFICER _____

POST _____

DATE OF OVERTIME WORK _____

HOURS WORKED FROM _____

DUTY ON WHICH ENGAGED _____

AMOUNT CLAIMED \$ _____

.....
SIGNATURE OF OFFICER

.....
SIGNATURE OF OVERTIME SUP.

CERTIFICATE OF HEAD OF DEPARTMENT

I hereby certify that I have examined the claim of the above mentioned officer and that I am satisfied that it should be allowed.

.....
SIGNATURE OF HEAD OF DEPARTMENT

.....
DATE

DATE	DUTY ON WHICH ENGAGED	TIME