



**UNIVERSITY OF MEDICAL SCIENCES  
LAJE ROAD, ONDO, ONDO STATE**

**DUTY MILEAGE AND SUBSISTENCE ALLOWANCE CLAIM FORM**

1. NAME (SURNAME LAST):..... DEPARTMENT:.....
2. OFFICER’S STATUS:..... SALARY LEVEL:.....
3. DESIGNATION:.....
4. MODE OF TRANSPORTATION: (Tick and complete as appropriate)
  - (a) Public Transport: Transport fare paid:  
N.....
  - (b) Personal Vehicle: Car Registration Number:.....  
Total Km Distance Covered:.....  
Rate per Km N30- Total Claim: N.....
  - (c) Official Vehicle: Vehicle Registration. No:.....  
Type of Vehicle Bus/ Hilux, Truck, Car  
Fuel Consumption: Quantity:..... Rate:.....  
Amount N:.....(attach receipt)
5. (a) NAME OF BANK..... (b) ACCOUNT NO:.....
- 6.

Date	SUMMARY OF CLAIM Particulars of claim		AMOUNT CLAIMED	
			N	K
	Night Subsistence Allowance	Total No of Night..... Rate Per Night.....		
	Distance Kilometer Allowance From Overleaf	Total Km:..... Rate Per Km: N30		
	Other transport Claims not included overleaf	Rate:.....		
		Total Claim Less Advance (if any) Net Payment		

7. I certify that the above claim is correct and that the journey(s) was/were made for official purpose and the rates claims do not exceed the rate authorized for my grade.

.....  
 Claimant Date

8. I certify that the above journey(s) were necessary and made on official business and on my instructions and the amounts claims by the officer or as amended by me are fair and reasonable. The claims are hereby approved.

.....  
 Dean/Head of Departments Date

9. Above claim is approved by Bank/Cheque/ Cash Payment.

.....  
Bursar

.....  
Date

10. I received the sum of

.....  
Name:..... Signature:..... Date:.....

**TRANSPORT KILOMETRE CLAIM DETAILS**

DATE	JOURNEY FROM	DESTINATION	PURPOSE OF VISIT/ JOURNEY	KILOMETRE COVERED

.....  
Claimant

.....  
Date

ABOVE CLAIMS ARE CERTIFIED CORRECT

.....  
Supervising Officer

.....  
Date

All categories of Staff in the University embarking on duly approved tours will continue to be paid the approved night allowance in lieu of hotel bills.

Also, staffs that travel on approved journey outside university geographical environment and return the same day will be paid launch allowance as shown in category III.

Details are as stated below:

**CATEGORIES OF STATE CAPITAL AND OTHER TOWNS BEING TRAVELLED TO**

Category I: Lagos, Abuja, Port-Harcourt and Warri only

Category II: Other State Capitals and Town

**CATEGORIES OF OFFICERS AND THEIR RESPECTIVE ALLOWANCE**

Status of Officer	Category I (Rate Per Night)	Category II (Rate Per Night)	Category III Launch Allowance
Vice-Chancellor	80,000.00	80,000.00	8,000.00
Principal Officers	80,000.00	80,000.00	6,700.00
CONTISS 14-15	30,000.00	21,000.00	4,200.00
CONTISS 12-13	20,000.00	14,000.00	2,800.00
CONTISS 09-11	14,000.00	9,800.00	1,960.00
CONTISS 06-08	10,000	7,000.00	1,400.00
CONTISS 01-05	5,000.00	3,000.00	600.00