

SAINT LUCIA

CLAIM FOR SUBSISTENCE ALLOWANCE OR FOR TRAVELLING EXPENSES.

Head of Estimates

Sub-head

PART I

(To be completed in every case).

Name of Officer

Office or Grade

Annual Salary \$..... Salary Scale

Station

Left Station : Date Hour

Returned to Station Date Hour

Duty on which engaged

PART II

To be completed in cases where the duty on which the officer travelled necessitated his remaining away from his station for one whole night or more. (See s. 6 (2) of Ord. 92 (1916 Rev.) as contained in Ordinance No. 16 of 1929).

Number of nights absent

Rate per Night

Amount claimed

Signature of Officer

Date

Certificate by Head of Department.

I hereby certify that I am satisfied that the abovenamed officer has used due diligence and despatch in the performance of the duty whereon he was engaged, and that such absence from his station was necessary.

.....Head of Department.

Date