**INSTITUTE OF SUSTAINABLE PROJECT PLANNING, MONITORING AND EVALAUTION**



**LECTURESHIP ALLOWANCE CLAIM FORM**

*(To be Completed in Triplicate)*

YEAR: ………………………………………………… MONTH: …………………….

LECTURER’S NAME………………...………… EMPLOYEE #………………

SIGNATURE: ……………………………………. DATE: ……………………….

DEPARTMENT: ………………………………………………………………….…….

BANK DETAILS: ………………………………………………………………………………

MODULE(S) TAUGHT: …………………….…………………………………………

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FULL MODULE PART MODULE

**BREAKDOWN OF TEACHING HOURS**

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| **DATE** | **NO. OF STUDENTS** | **TIME** | **NO. OF HOURS** | **RATE** | **AMOUNT** |
| **From** | **To** |
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| **TOTAL AMOUNT CLAIMED** |  |

**HEAD OF DEPARTMENT**

Comments: ………………………………………………………………………………

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Signature: ………………………………………………..… Date: ……………………

**REGISTRAR**

Approved / Not Approved

Signature: ……… ……………………………………… Date: ………………………

**HUMAN RESORCE DEPARTMENT**

Passed for payment / Not passed for payment

Signature: ………………………………………… Date: …………………………….

Date the form was submitted to the HRS’s Office for payment: ……………………….