

Allowance Application Form

Personal Details

- Full Name: _____
- Employee ID: _____
- Contact Information: _____

Type of Allowance

- Travel Allowance
- Education Allowance
- Medical Allowance
- Others: _____

Details of Claim

| Date of Expense | Description | Amount | Comments |
|-----------------|-------------|--------|----------|
| | | | |
| | | | |
| | | | |

Attachments

- Supporting Documents Attached: Yes No

Manager Approval

Approved Denied

- Manager's Name: _____
- Date: _____

Employee Signature: _____

Submission Date: _____