

REQUEST FOR DISBURSEMENT OF ALLOWANCE

NOTE: Allowances may only be disbursed to SU staff members with either permanent or temporary appointments.

1. **Date of request:** _____

2. **Details of staff member:**

Title		Surname	
(e.g. Prof/Mr/Dr/Mrs/Miss)			
Initials		Date of birth	
UT Number		ID number	
Department / Division / Centre			

3. **Details of allowance:**

Context and motivation for disbursement of allowance:	
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Allowance type*	Period start date	Period end date	Cost Point	Project number	Amount per month

*Pensionable (minimum period of six months), or Non-pensionable (minimum period of three months)

4. **Approval:**

Requested by:		Approved by:	
			DEAN/HEAD OF DEPARTMENT
Department / Division / Centre		Telephone number:	

For office use:

Noted (faculty management):		Date:	
Verified:		Approved:	