



THE WEST AFRICAN EXAMINATIONS COUNCIL
PRIVATE MAIL BAG NO. 1022, YABA, LAGOS

STAFF TOURING ADVANCE REQUEST FORM

CODE: 13105502

STAFF LP NO:

NAME OF OFFICER:

STATUS:

DEPARTMENT/SECTION:

PLACE(S) TO BE VISITED:

PURPOSE OF THE TOUR:
.....

DURATION OF THE TOUR:

AMOUNT OF ADVANCE REQUIRED: N.....

.....
OFFICER'S SIGNATURE

DATE: _____

.....
APPROVED BY HEAD OF DIVISION

DATE: _____

E-payment details

Name of Bank:-

Bank Branch:-

Bank Code:-

Account Number:-.....

Sort Code:-

THE WEST AFRICAN EXAMINATIONS COUNCIL
PRIVATE MAIL BAG NO. 1022, YABA, LAGOS

OFFICERS ON OFFICIAL TOUR-GROUP INSURANCE COVER

'A'

To be completed by the officer undertaking the tour.

NAME :

DEPARTMENT:

PLACE(S) TO BE VISITED:

PURPOSE OF THE TOUR:

MODE OF TRAVELLING:

PERIOD OF TOUR (give actual dates):

SIGNATURE OF INSURED

STATUS: _____

'B'

I certify that Mr. / Mrs. / Miss / Dr. _____
is on tour as stated above on the Council Business.

SIGNATURE OF HEAD OF DIVISION/DEPARTMENT

'C'

of Finance Division, Quarterly Returns were rendered on

EXECUTIVE OFFICER (INSURANCE)