

ANNEX 1: SUBMISSION OF OUTSTANDING SALARY ARREARS FOR

VOTE NAME:

VOTE CODE:

DEPARTMENT;

FINANCIAL YEAR OF ACCRUAL:

S/ N	Name of Officer	Employee No. IPPS/ Legacy	National Identity Card Number	Post /Title	Reason for Salary Arrears	Computation of Arrears (Months)	Total NET Arrears	Total PAYE	Amount Detail		Signature
									Bank Name	Account No.	

Verified by: Head of Institution (Cost Centre)

Name:

Title:

Signature & Stamp.....

Verified by: Head of Department

Name:.....

Title:

Signature & Stamp.....

Verified by: Head of Human Resource

Name:

Title:

Signature & Stamp.....

Audited by: Internal Auditor

Name:.....

Title:.....

Signature & Stamp:.....

Authorized for payment by: Accounting Officer

Name:.....

Title:.....

Signature & Stamp:.....

Note: The required Signature in the table is for the claimant