**Application for the Payment of Allowance for the Official Participant’s Staff**

 (Dual copies for one application)

Date of Acceptance: Submission Deadline:

(The above will be filled in by the Organizer)

Date of Application: year/mouth/day:

|  |
| --- |
| Name of the Official Participant: |
| Name of the Commissioner General of Section: |
| Name of the Authorized Representative of the Commissioner General of Section: |
| Telephone: | Email: |
| Description of Staff | Name: Position:Job Duration: |
| Name: Position:Job Duration: |
| Name: Position:Job Duration: |
| Name: Position:Job Duration: |
| Remarks aboutSubstitute |  |
| Signature of the Commissioner General of Section or His/hers Authorized Representative: |

Note: Please attach paper if the space in the form is not enough.