



Motto: Each for All and All for Each

LAGOS LOCAL GOVERNMENTS COOPERATIVE MULTIPURPOSE SOCIETY LTD. REFUND FORM (RF 001)

REF. NO.

SURNAME:

OTHER NAMES:

ZONE:

EMPLOYEE'S NO:

FORM NO:

DATE:



The President,
Lagos Local Governments
Cooperative Multi-Purpose Society Ltd.,
198, Herbert Macaulay Street,
Adekunle, Yaba,
Lagos.

Dear Sir,

APPLICATION FOR REFUND OF OVER-DEDUCTION/WRONG DEDUCTION

I wish to apply for the refund of N ()
being over-deduction(s)/wrong deduction(s)
from my salary from to

Thanks.

OTHER DETAILS

Applicant Signature & Date

BANKER'S NAME:

ACCOUNT NAME:

BANK ACCOUNT NO:

PHONE NOS:

HOME ADDRESS:

FORM NO:

FOR OFFICE USE

CHECKED BY:

ACTUAL RETURNS:

LESS:

NORMAL DEDUCTION:

VARIANCE/OVERDEDUCTION (A)

NOS OF MONTHS (B)

AMOUNT PAYABLE = (A X B)

PREPARED BY:

FINANCE OFFICER NAME

SIGNATURE & DATE

CHEQUE NO., DATE & AMOUNT

AUDIT OFFICER NAME

SIGNATURE & DATE

TREASURER'S COMMENT

AUTHORISED BY

NAME, SIGNATURE & DATE

For more enquiries, please contact us on 01-7745310, 07040422401, 07040422402, 07040422404, 07040422416
or visit us at our website: www.llgcooperative.com, E-mail: info@llgcooperative.com

DEDUCTION ANALYSIS

MONTH	OVER DEDUCTION			WRONG DEDUCTION
	ACTUAL DEDUCTION	NORMAL DEDUCTION	VARIANCE	
TOTAL AMOUNT PAYABLE				