

JOINT ADMISSIONS AND MATRICULATION BOARD
National Headquarters Complex, Suleja Road, Bwari, P.M.B. 189, Garki, Abuja, Nigeria

Prof. Is-Haq O. Oloyede, OFR, FNAL
Registrar

JAMB/TA/UTME/PHC



TEST ADMINISTRATION DEPARTMENT
PAYMENT OF HONORARIUM TO CENTRE

Year of Examination

EXAMINATION TOWN..... STATE.....

CENTRE NAME..... CENTRE NUMBER.....

Kindly acknowledge receipt of your honorarium for each day of the examination.

| Days | Name | Amount Received | Phone Number | Signature/Date |
|-------|------|-----------------|--------------|----------------|
| Day 1 | | | | |
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| Day 2 | | | | |
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| Day 3 | | | | |
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| Day 4 | | | | |
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| Day 5 | | | | |
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| Day 6 | | | | |
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| Day 7 | | | | |
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| Day 8 | | | | |
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| Day 9 | | | | |
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| Day 10 | | | | |
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| Day 11 | | | | |
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| Day 12 | | | | |
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| Day 13 | | | | |
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| Day 14 | | | | |
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| TOTAL AMOUNT RECEIVED | | | | |

Full Name of Centre Administrator (No initial please).....

Designation/Rank.....

Institution.....

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Phone Number

e-Mail Address.....

Signature/Date.....