

**THARAKA**  
P.O BOX 193-60215,  
MARIMANTI, KENYA



**COLLEGE**

**FORM D**

**UNIVERSITY**  
Telephone : |+ (254)-0202008549,  
+(254)-02020076920  
email: info@tharaka.ac.ke  
Website: https://www.tharaka.ac.ke

*(A Constituent College of Chuka University)*

**CLAIM FORM FOR SSP/SBP PART-TIME TEACHING & MARKING**

**PART A**

1. Full Name of Applicant .....P/F.....
2. Faculty.....Department.....
3. Semester begins on ..... and ends on .....CAMPUS.....
4. Course(s) Details/Hours Taught (attach class & examination attendance registers)

SN	Course Code	Course Title	C.F	Lecture Hours taught	Practical Hours taught	Tutorial Hours taught	Total Effective Hours	Rate/ Hour	Number of Students
1									
2									
3									
4									
5									
6									

Amount claimed ..... Applicant Signature .....Date.....

**NB: -An Applicant shall apply/claim for payment after submitting the marks and the marked scripts at the end of semester.**

**PART B: MARKING**

No of Students .....Total Scripts.....

The first 50 scripts at flat rate (K sh. 2000).....

The next 100 scripts at K sh. 20 per script .....

The remainder scripts at K sh. 10 per script .....

Amount Claimed for marking .....

Total Amount Claimed ..... Advance paid .....Balance due .....

(Both marking & teaching)

**PART C: OFFICES OF THE COORDINATOR/DIRECTOR/CoD**

I certify that the above information provided above is Correct/Incorrect. I certify that Mark Sheets and Marked Scripts have been duly Submitted/Not Submitted

CoD.....Signature .....Date .....

**Reasons** \_\_\_\_\_

**PART D OFFICE OF THE DEAN OF THE FACULTY**

Payment of Claim Recommended/Not Recommended by Faculty of .....

Dean.....Signature.....Date .....

**Reasons** \_\_\_\_\_

**PART E: OFFICE OF THE DEPUTY PRINCIPAL (ARSA)**

Checked by.....Signature .....Date .....

The above claim payment request is Approved/Not Approved

DP (ARSA).....Signature .....Date .....

**Reasons** \_\_\_\_\_

**PART F: FINANCE OFFICE**

Authority for payment:

Amount \_\_\_\_\_

Finance Officer: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_