

THARAKA

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MARIMANTI, KENYA



UNIVERSITY

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CLAIM FORM

NAMECLAIM FORM NO.....

DESIGNATION..... PAYROLL NO.....

DEPARTMENT.....GRADE.....

FACULTY.....

Purpose.....

.....

1.MILEAGE

Date of journey.....To.....

Distance Covered.....Vehicle registration no.....

Rate..... Total Amount.....

2. SUBSISTENCE ACCOMMODATION

Date of the journey.....To.....Destination.....

Rate per..... (if flat rate)

3.DESCRPTION OF CLAIM

.....Account Chargeable..... Amount.....

.....Account Chargeable.....Amount.....

.....Account Chargeable.....Amount.....

.....Account Chargeable.....Amount.....

Amount I want refunded/deducted from my salary ksh.....

I certify that the journey(s) substitutes itemized above were undertaken by me solely in the interest of the University and that all relevant documents where applicable have been attached. The claim takes into consideration the maximum amount of allowance claimable for the grade and capacity of my vehicle.

Signature of the claimant..... Date.....

Head of Department..... Date.....

APPROVAL

Approved/Not approved
(Reasons).....

.....

Deputy Principal (A, F, P&D)Date.....

FOR AUDIT USE ONLY

The regulations governing the claims have been followed and to the best of my knowledge, the charges thereon are correct

Internal Auditor

FOR OFFICIAL USE ONLY

J.V NO.....

CHEQUE No.....

P.V.C. No.....Date.....

ACCOUNTANT

Approved for payment.....Date.....

Finance Office..... Date.....