



MOI UNIVERSITY

FINANCE DEPARTMENT

FUNDS AVAILABILITY FORM

1. Applicant Details

Name of the applicant:

Department:

Designation:Grade : PF. NO:

I request for Kshs:

Purpose:

.....

The funds are expected to be sourced from the following vote:.....

Date: Signature:

2. Budgetary Control

I Certify and confirm that funds are available in the vote

to meet the expenditure.

Allocation:

Balance available

Date: _____

Signature & Stamp _____