



**MOI UNIVERSITY**

*An ISO 9001: 2015 Certified Institution*

**OFFICE OF THE DEPUTY VICE - CHANCELLOR (FINANCE)**

**PART-TIME CLAIM FORM (REVISED 2018)**

Campus: \_\_\_\_\_ School: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Part - Time Lecturer: \_\_\_\_\_ PF/ID No.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| S/N | Course Code | Course Title | Units | Semester |    | Year of Study | Year Course was Taught | Results   |                       | Amount | Remark(s) |
|-----|-------------|--------------|-------|----------|----|---------------|------------------------|-----------|-----------------------|--------|-----------|
|     |             |              |       | I        | II |               |                        | Submitted | Not Submitted         |        |           |
| 1   |             |              |       |          |    |               |                        |           |                       |        |           |
| 2   |             |              |       |          |    |               |                        |           |                       |        |           |
| 3   |             |              |       |          |    |               |                        |           |                       |        |           |
| 4   |             |              |       |          |    |               |                        |           |                       |        |           |
| 5   |             |              |       |          |    |               |                        |           |                       |        |           |
| 6   |             |              |       |          |    |               |                        |           |                       |        |           |
| 7   |             |              |       |          |    |               |                        |           |                       |        |           |
|     |             |              |       |          |    |               |                        |           | <b>Total (in Kes)</b> |        |           |

Name of HOD: \_\_\_\_\_ Verified: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of School: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No: \_\_\_\_\_ Signature: \_\_\_\_\_

Information Verified by Internal Audit Name of Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommended for Payment Deputy Vice - Chancellor (F): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved for Payment Vice – Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_