

FINANCE DIRECTORATE TRAVEL EXPENSE CLAIM FORM

REF. RY:.....

CLAIMED BY (PAYEE):

DESIGNATION.....Staff No.:

DEPARTMENT (UNIT):

PURPOSE:.....

..... (Detailed description)

BREAKDOWN OF TOTAL EXPENDITURE RETURNS: GH¢ (In figures)

..... (Amount in words)

BRIEF DESCRIPTION	Ref. No.	Cost Centre & Expense Code	Amount GH¢	Budget Balance GH¢
1.	01			
2.	02			
3.	03			
4.	04			
TOTAL				

NB: KINDLY ATTACH APPROVED EXTERNAL TRAVEL REQUEST FORM / APPROVAL

TOTAL AMOUNT OF REFUND/CLAIM: GH¢

TOTAL AMOUNT INITIALLY RECEIVED: GH¢

DATE OF COMPLETION OF ACTIVITY:

Signature of Claimant Date.....

APPROVED BY: (VC, PRO-VC, PROVOST, REGISTRAR, DEAN, DIR., HOD.)

Name..... Signature.....

Designation..... Date.....

For Internal Audit Use Only:
PRE-AUDITED BY: (INTERNAL AUDITOR OR REPRESENTATIVE)

Name..... Signature.....

Designation..... Date & Stamp.....

For Finance Office Use Only:
AUTHORISED BY: (DIRECTOR OF FINANCE OR REPRESENTATIVE)

Name.....

Designation..... Signature & Date

VALIDATED BY:
APPROVED BY:

Name..... Name.....

Signature & Date Signature & Date

DEBTOR A/C TYPE BALANCE ON I.T.S BEFORE REQUISITION: GH¢.....

REF. RY:..... A/C TYPE:..... CHEQUE NO.:.....