

UNIVERSITY OF EDUCATION, WINNEBA

S01 - COMBINED PART-TIME LECTURERS' CLAIM FORM (TEACHING AND TRAVEL & TRANSPORT CLAIMS)

Part A - Details of Claimant

Name: _____ Designation: _____

Staff Number (If applicable): _____ Telephone Number: _____

Faculty/Department/Section/Unit: _____ Academic Year/Semester: _____

Bank Account Details: Bank: _____ Branch: _____ A/c No.: _____

Part B - Details of Claim

Nature of Class (Please tick): Teaching Practicals

Please provide below relevant details of the class(es) taught

Date	Course Code	No. of Contact Hours	Time	Signature of Course Rep

Travel and Transport Expenses

Type of Car Used (Please tick): Private Public Official

Registration No. of Car: _____ Cubic Capacity: _____

Please provide below details of the journey(ies) made.

Departure		Arrival		Fare (GHS)	Distance (Km)	No. of Nights
From	Date	At	Date			

Signature of Claimant _____

Date(DD/MM/YYYY) _____

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.

Part C - Approving Officers

Centre Coordinator (If applicable)	Signature	Date(DD/MM/YYYY)
Head of Department	Signature	Date(DD/MM/YYYY)
Deputy Registrar (Academic)	Signature	Date(DD/MM/YYYY)

Part D - Claim Summary (For Accounts Officer's Use Only)

Item	Total Contact Hrs/Kilometres	Rate (GH¢)	Amount (GH¢)
Teaching			
Practicals			
T&T Expenses			
Total			

Prepared by	Signature	Date(DD/MM/YYYY)
Checked by	Signature	Date(DD/MM/YYYY)