



Claimant's Declaration *(Please read carefully before signing)*

I declare that the information provided above are accurate and free from material misstatement. I certify that the class(es) stated above were taught by me and no other person.

Signature of Claimant

Date(DD/MM/YYYY)**Part C - Authorising Officer (s)**

Head of Department

Signature

Date(DD/MM/YYYY)

Dean of Faculty/SOGS (Where applicable)

Signature

Date(DD/MM/YYYY)**Part D - Certification by the Internal Auditor**

We are satisfied that the requested claim is genuine and supported by relevant documentation.

Signature of Internal Auditor

Date(DD/MM/YYYY)**Part E - Approving Officer** *(Kindly indicate and sign)*Approved [☐]Not Approved [☐]

Pro Vice-Chancellor

Signature

Date(DD/MM/YYYY)**Part F - Claim Summary** *(For Accounts Officer's Use Only)*

Total number of contact hours for the month (A)	
Maximum required number of contact hours (B)	
Total number of extra contact hours (A - B)	
Rate (GH¢)	
Amount (GH¢)	

Prepared by

Signature

Date(DD/MM/YYYY)

Checked by

Signature

Date(DD/MM/YYYY)