ACCRA TECHNICAL UNIVERSITY

ATUCF06 - CLAIM FORM FOR TEACHING BRIDGING PROGRAMME

Part A - Details of Claimant

Name: _____ Designation: _____

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

Faculty/Department:_____ Academic Year/Semester: _____

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

Part B - Details of Claim

Please indicate program: _____

Please provide below relevant details of the subject(s) taught

Date	Time		Course/Subject Title	Total No. of Hours
	From	To		
	Total			

*** Please add extra sheet or form if the need be.**

This Form has been designed in accordance with Section 16.8 of the University Accounting Policies and Procedures Manual. It is to be used only for the claim for which it is meant.

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 hours	
Rate (GH¢)	
Amount (GH¢)	

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

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

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