ACCRA TECHNICAL UNIVERSITY

ATUCF07 - CLAIM FORM FOR INTERNAL SUPERVISION/EXAMINATION OF PROJECT WORK/THESIS/LONG ESSAY

Part A - Details of Claimant

Name: _____ Designation: _____

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

Faculty/Department: _____ Academic Year/Semester: _____

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

Part B - Details of Claim

Type of Claim (Please tick): Supervision [ ] Examination [ ]

Program: PhD. [ ] M.Tech. [ ] MSc. [ ] B.Tech. [ ] HND [ ] Diploma [ ]

Session: Morning [ ] Evening [ ] Weekend [ ] Distance [ ]

Please list below the name(s) of student(s) and respective title(s) of Project Work/Thesis/Long Essay supervised/Examined

S/N	Date	Index No. of Student (s)	Name of Student (s)	Title of Project Work/Thesis/Long Essay

**** 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 student (s) stated above were supervised/examined 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)**

Director, RIPTT **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)*

S/N	Item	No. of Students Per Group	No. of Students	No. of Projects/Thesis/Long Essay	Rate (GH¢)	Amount (GH¢)
	Supervision	4				
		3				
		2				
		1				
	Examination					
Total						

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

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

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