ACCRA TECHNICAL UNIVERSITY

ATUCF08 - CLAIM FORM FOR EXTERNAL 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 Details: 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.

Travel and Transport Expenses

Inbound: From: _____ To: _____ On (Date): _____

Outbound: From: _____ To: _____ On (Date): _____

Details of Internal Rounds (Refer to Note 2 overleaf): _____

_____

Postage Expenses (Please state currency and amount): _____

_____ _____

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)*

	Item (Please tick)	**No. of Students/ Kilometres**	**GH¢**		**US$**	
			Rate	**Amount**	**Rate**	**Amount**
	Basic Fee					
	Supervision					
	Examination					
	T&T Expenses					
	Postage Expenses					
	Other (Specify):					
Total			**GH¢**		**US$**	

_____ _____ _____

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

_____ _____ _____

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

NOTES:

1. Please enclose your report on the examination (where applicable) if it has not already been submitted.
2. For journeys by road between two towns for the purpose of catching a plane, the names of the towns, distance, and cost of travel should be stated.
3. Remuneration shall be translated at the prevailing exchange rates to Ghana Cedis where applicable.

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.