ACCRA TECHNICAL UNIVERSITY

ATUCF10 - CLAIM FORM FOR SCRIPT MARKING

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

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

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

Please state below details of scripts

SN	Date	Course Code	Course Title	Total No. of Scripts
			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 script (s) stated above were marked 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 scripts marked	
Rate (GH¢)	
Amount (GH¢)	

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

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

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