



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 course (s) stated above were vetted 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, Quality Assurance

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 vetted	
Rate (GH¢)	
Amount (GH¢)	

Prepared by

Signature

Date(DD/MM/YYYY)

Checked by

Signature

Date(DD/MM/YYYY)

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.