ACCRA TECHNICAL UNIVERSITY

ATUCF13 - CLAIM FORM FOR WEB OF SCIENCE OR SCORPUS INDEX ARTICLES **ACADEMIC YEAR:**_____

Part A - Details of Claimant

Name: _____ Staff Number (If applicable):_____ Designation:_____

Faculty/Department/Section/Unit:_____ Telephone Number: _____

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

Part B - Details of Claim

Please provide details for cliam			
SN	**Full Reference of Publication**	**Remarks From DRIPTT** (Verifiaction of Publication in Web of Science/Scorpus)	
	(Author Names, Year, Article Title, Name oof Journal, Volume, Issue and Page Number)	**Yes**	**No**

**** 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 articles (s) stated above were published 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)*

Total number of publication	
Rate (GH¢)	
Amount (GH¢)	

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

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

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