ACCRA TECHNICAL UNIVERSITY

ATUCF15 - CLAIM FORM FOR MEDICAL EXPENSES REFUND

Part A - Details of Claimant

Name: _____ Designation: _____

Staff Number: _____ Telephone Number: _____

Faculty/Department/Section/Unit: _____ Month/Year: _____

Part B - Details of Claim

Claim is in respect of (Please tick only one, **i.e., one Form per person**) [ ] Myself [ ] Spouse [ ] Child/Ward

Please state name of Patient if different from Claimant (**one name only**): _____

Please tick the relevant medical item(s) below and write the corresponding amount of refund requested.		
Please tick	**Item**	**Cost (GH₵)**
	Consultation	
	Drugs	
	Surgery	
	Physical Examination	
	X-Rays, CT Scans and MRIs	
	Electrocardiography (ECG)	
	Laboratory Tests	
	Inpatient Accommodation	
	Other (Please specify):	
Total		

** **Please add extra sheet or form if the need be.***

Declaration by Claimant

*I certify that the above medical expense(s) was/were incurred by me in respect of (**please underline only one as appropriate**) myself/ husband/ wife/ child/ ward. Relevant referral note, prescription forms, and receipts are attached.*

_____ _____

Signature of Claimant **Date (DD/MM/YYYY)**

Part C - Declaration by Head of Department

I certify that the above medical expense(s) was/were incurred by the claimant. Relevant referral note, prescription forms, and receipts are attached.

_____ _____ _____

Head of Department **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.

_____ _____

Internal Auditor **Date (DD/MM/YYYY)**

Part E - Approving Officer *(Kindly indicate and sign)*

Approved [ ] Not Approved [ ]

_____ _____ _____

Vice-Chancellor **Signature** **Date(DD/MM/YYYY)**

Part F - Claim Summary *(For Accounts Officer's Use Only)*

Total amount due to Claimant: GH₵ _____

_____ _____ _____

Prepared 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.