



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

Registration No.: _____ Model: _____ Cubic Capacity: _____

Please provide below details of the journey made and attach approval to undertake the journey as well as other relevant documents.

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

Page 1 of 2

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 journey (ies) stated above were made by me and no other person.

Signature of Claimant

Date (DD/MM/YYYY)**Part D - Authorising Officer (s)**

I am satisfied that the above claim is true and in accord with relevant financial regulations.

The journey(ies) was/were authorised by me.

Head of Dept./Unit

Signature

Date (DD/MM/YYYY)**Part E - 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 F - Approving Officer** *(Kindly indicate and sign)*

Approved []

Not Approved []

Vice-Chancellor

Signature

Date(DD/MM/YYYY)**Part G - Claim Summary** *(For Accounts Officer's Use Only)*

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

Prepared by

Signature

Date(DD/MM/YYYY)

Checked by

Signature

Date(DD/MM/YYYY)