



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

PART TIME TEACHING/TECHNICAL SERVICES CLAIM FORM

(Processing will be delayed if all applicable parts are not completed fully)

Note: (Please complete in duplicate and attach the *original appointment letter, timetable, teaching outline and signed class attendance list**)

NAME: _____ COLLEGE/SCHOOL/FACULTY: _____

PF. No.: _____ ID. No.: _____ PIN. No.: _____

CLAIM FOR SEMESTER (eg. Jan-April 2014): _____ ACADEMIC YEAR (eg. 2009/2010): _____

DEPARTMENT SERVED: _____

(Please Tick as Appropriate)

TEACHING TECHNICAL TECHNICAL SUPPORT

UNIT CODE	UNIT TITLE	AMOUNT CLAIMED (KSHS/KES)		
		Teaching Claim	Transport Claim	TOTAL
GRAND TOTAL				

I confirm that the above constitute a correct record of unit(s) taught and examined or services rendered.

SIGNATURE OF CLAIMANT: _____ DATE: _____

BANK ACC. NO.: _____ BANK: _____ BRANCH: _____

I certify that the claimant taught, conducted tutorials, lab and examined in the listed unit(s).

NAME: _____
(Chairperson of Department) _____ Date

SIGNATURE: _____

APPROVED BY (NAME): _____
(Principal) _____ Sign

_____ Date

PRE-AUDITED BY (NAME): _____
(Finance Officer) _____ Sign

_____ Date

Payment Voucher Number: _____

**Signed class list to be retained by the COD*

