UNIVERSITY OF EDUCATION, WINNEBA
E05 - CLAIM FORM FOR EXTERNAL SUPERVISION/EXAMINATION OF
THESIS/DISSERTATION/LONG ESSAY

Part A - Details of Claimant
Name: ____________________________  Designation: ____________________________
Telephone Number: ________________  Month/Year: ____________________________
Faculty/Department: ____________________________
Bank Account: Bank: ________________  Branch: ________________  A/c No.: ________________

Part B - Details of Claim
Type of Claim (Please tick): Supervision [  ]  Examination [  ]
Degree Supervised/Examined: Ph.D. [  ]  M.Phil. [  ]  MA [  ]  M.Ed. [  ]  PGDE [  ]  Bachelor’s [  ]

Please list below the name(s) of student(s) and respective title(s) of thesis/dissertation/long essay supervised/examined.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name/Index No. of Student</th>
<th>Title of Thesis/Dissertation/Long Essay</th>
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Travel and Transport Expenses
Inbound: From: ____________________________  To: ____________________________  On (Date): ____________________________
Outbound: From: ____________________________  To: ____________________________  On (Date): ____________________________
Details of Internal Rounds (Refer to Note 2 overleaf):

Postage Expenses (Please state currency and amount): ____________________________

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

Part C - Approving Officers
Head of Department ____________________________  Signature ____________________________  Date(DD/MM/YYYY)
Dean, SGS (Where applicable) ____________________________  Signature ____________________________  Date(DD/MM/YYYY)
Deputy Registrar (Academic) ____________________________  Signature ____________________________  Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University’s Financial and Stores Regulations. It is to be used only for the claim for which it is meant.
### Part D - Claim Summary  (For Accounts Officer's Use Only)

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<tr>
<th>Item (Please tick)</th>
<th>No. of Students/Kilometres</th>
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<td>Other (Specify):</td>
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**Prepared by**
________________________
Signature
________________________
Date (DD/MM/YYYY)

**Checked by**
________________________
Signature
________________________
Date (DD/MM/YYYY)

**NOTES:**

1. Please enclose your report on the examination (where applicable) if it has not already been submitted.
2. For journeys by road between two towns for the purpose of catching a plane, the names of the towns, distance, and cost of travel should be stated.
3. Remuneration shall be translated at the prevailing exchange rates to Ghana Cedis where applicable.