

UNIVERSITY OF EDUCATION, WINNEBA

T05 - CLAIM FORM FOR TRAVEL AND TRANSPORT EXPENSES ON ASSUMPTION OF DUTY ON FIRST APPOINTMENT/ RETIREMENT/ TRANSFER

Part A - Details of Claimant

Name: _____ Designation: _____

Staff Number: _____ Telephone Number: _____

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

Part B - Details of Claim

Travelled From: _____ To: _____ On (Date): _____

Purpose of Travel (Please tick): Assumption of Duty Retirement Transfer

I was accompanied by the following members of my family (Please tick):

Spouse Children (Please state number and ages of children): No.: _____ Ages: _____

Means of transportation (Please tick): Road Rail Air Sea

| Please state below relevant details of the travel and transport expense(s) incurred. | |
|--|--------------|
| Expense Item | Amount (GH¢) |
| Fare (incurred on): | Self |
| | Spouse |
| | Children |
| Freight on luggage | |
| Total | |

Signature of Claimant

Date(DD/MM/YYYY)

Part C - Approving Officers

I am satisfied that the Claimant has given correct particulars about himself/herself and his/her family as per details on his/her personal file.

Head of Department/Unit

Signature

Date(DD/MM/YYYY)

Deputy Registrar (HR)

Signature

Date(DD/MM/YYYY)

Part D - Authorising Officer

Finance Officer

Date (DD/MM/YYYY)

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

| Item | Amount (GH¢) |
|--------------------|--------------|
| Fare | |
| Freight on luggage | |
| Total | |

Prepared by

Signature

Date(DD/MM/YYYY)

Checked by

Signature

Date(DD/MM/YYYY)