UNIVERSITY OF EDUCATION, WINNEBA

E03 - CLAIM FORM FOR INVIGILATION

Part A - De	tails of Claima	nnt			
Name:			Designation:		
Staff Number (If applicable):			Telephone Numbe <u>r:</u>		
Faculty/Department/Section/Unit:			Academic Year/Semester:		
Function of [] Chief	Invigilator		[] Invigilation	n Assistant	
		evant details of the pa		Time In	Time Out
Date	Paper Code Paper Title		I ime in	Time Out	
Signature of Claimant			Date(DD/MM/	YYYY)	
Part C - Ap	proving Office	ers			
Examinatio	n Officer	Signa	ture	Date(DD/MM/YYYY)	
Head of De	partment	 Signa	ture	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.