UNIVERSITY OF EDUCATION, WINNEBA

E08 - CLAIM FORM FOR EXCESS MARKING OF SCRIPTS

Part	A - Details of Clai	mant				
Name:				Designation:		
Staff Number: Faculty/Department:				Telephone Numb <u>er:</u>		
				Academic Year/Semester:		
Part	B - Details of Clai	m				
Plea	se state below det	ails of scripts marke	d			
SN	Course Code	Course Title			Total No. of Scripts Marked	
				Total		
	ature of Claimant C - Approving Off	iicers	Date(D	PD/MM/YYYY)		
Head	d of Department	Signatu	re	Date(DD/MM/YYYY)		
Deputy Registrar (Academic) Signature			re	Date(DD/MM/YYYY)		
Part	D - Claim Summa	ry (For Accounts Offic	er's Use Only)			
Tota	I number of scripts	marked (A)				
Maxi	mum required num	ber of scripts (B)				
		scripts marked (A - B)				
	(GH¢)					
Amo	unt (GH¢)					
Prepared by		Signatu	ıre	Date(DD/MM/YYYY)		
Checked by		Signat	ure	Date(DD/MN	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.