UNIVERSITY OF EDUCATION, WINNEBA

M11 - CLAIM FORM FOR SANDWICH PROGRAMME

Part A - Details of Claimant

Name:_____ Designation:_____

Staff Number (If applicable): _____ Telephone Number:_____

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

Part B - Details of Claim

Teaching Claim (Please provide below details of course(s) taught.)

No.	Course title	Hours per week	Total no. of weeks	Total hours
			Total	

Marking of Scripts: Please state number of scripts marked [   ]

Invigilation: (Please tick to indicate function)

[   ] Chief Invigilator   [   ] Invigilation Assistant

[   ] Invigilator   [   ] Examination Attendant

Please state number of sessions invigilated [   ]

Setting of Paper (Please state below the course title(s) of paper(s) set.)

1._____   3. _____

2._____   4. _____

_____   _____
Signature of Claimant   **Date(DD/MM/YYYY)**

Part C - Approving Officers

_____   _____   _____
Head of Department   **Signature**   **Date(DD/MM/YYYY)**

_____   _____   _____
Dean, SGS   **Signature**   **Date(DD/MM/YYYY)**

_____   _____   _____
Deputy Registrar (Academic)   **Signature**   **Date(DD/MM/YYYY)**

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

Item	Units	Rate (GH¢)	Amount (GH¢)
Teaching Claim			
Marking of Scripts			
Invigilation			
Setting of Paper			
		Total	

_____   _____   _____
Prepared by   **Signature**   **Date(DD/MM/YYYY)**

_____   _____   _____
Checked by   **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.