

# UNIVERSITY OF EDUCATION, WINNEBA

## R04 - CLAIM FORM FOR GENERAL EXPENDITURE REFUND

### Part A - Details of Claimant

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Staff Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Faculty/Department/Section/Unit: \_\_\_\_\_ Month/Year: \_\_\_\_\_

### Part B - Details of Claim

**Justification for Refund** [Please state the reason(s) why the expenditure was made by you prior to release of funds by the University and attach prior approval by the Vice-Chancellor to undertake the relevant activity (Not applicable to application for refund by the Chief Cashier in respect of utilities and other services and basic items)]

Please provide below details of the expenditure and write the corresponding amount of refund requested.

SN	Details of Expenditure Item	SRV Number*	Cost (GH¢)
<b>Total</b>			

\* Please quote number and attach copy of Stores Receipt Voucher (SRV) for asset/general stores purchased.

### Claimant's Declaration (Please read carefully before signing)

1. I certify that the above expenditure was made by me on behalf of the University. I declare that the information provided above are accurate and free from material misstatement.
2. I have attached the relevant receipts and SRV certified by the University Stores Superintendent and Internal Audit in support of this retirement.
3. I confirm that any asset(s) purchased with the special advance being retired has been duly labelled and entered into my Departmental Asset Register.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date (DD/MM/YYYY)

### Part C - Certification by Head/Dean

\_\_\_\_\_  
Head/Dean

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Part D - Finance Officer's Approval:**      [   ] Refund Approved      [   ] Refund Not Approved

\_\_\_\_\_  
Finance Officer

\_\_\_\_\_  
Date (DD/MM/YYYY)

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

Total amount due to Claimant: GH¢ \_\_\_\_\_

\_\_\_\_\_  
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**