

KIBABII UNIVERSITY
HEALTH SERVICES DEPARTMENT

FROM.....DEPARTMENT.....

TO: MEDICAL OFFICER

DATE.....

SUBJECT: MEDICAL EXPENSES REFUND

Kindly arrange to refund me Kshs..... Amount in words.....

Being money/spent on purchasing drugs/laboratory/X ray/services as per The attached receipts (that are countersigned at the back).

SIGNATURE.....PF/NO.....DESIGNATION.....

COMMENTS: MEDICAL OFFICER

.....
.....

SIGNATURE.....DATE.....

VERIFIED PERSONAL
DETAILS:

.....
.....

DEPUTY REGISTRAR (ADMIN):

SIGNATURE.....DATE.....

VERIFICATION BY AUDIT:

INTERNAL AUDITOR

APPROVED /NOT

APPROVED.....

DEPUTY VICE CHANCELLOR (A F D)

SIGNATURE:.....DATE.....

FINANCE DEPARTMENT

.....
.....

SIGNED

FINANCE OFFICER

DATE.....

To be filled in triplicate.