

KIBABII UNIVERSITY

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CLEARANCE CERTIFICATE ON TERMINATION OF APPOINTMENT FOUR (4) COPIES TO BE COMPLETED

NAME:PF NO:				
DEPARTMENT				
FACULTY				
	•	Iniversity on termination of		Departments indicated below
due from the above office one as shown below. If n	er in respect of lo no charges are to		e indicate whether or r ne University nothing, p	not your certificate is an interim clease sign and indicate on this
Please send the signed cer	tificate to the sala	aries section without delay		
Invoice/Charges	Details	Vote to be credited	Kshs. Ct	s Remarks
Chairman/Head of Departr	ment	Signature	Date	Interim/Final
Dean of Faculty				
Librarian		•••••		
ICT Section		***************************************	***************************************	
Bookshop		•••••		
Housing Section			***************************************	
Personal Claims		***************************************		
Storekeeper Expenditure Section		***************************************		·····
Salaries Section				
KIBUSACCO				
Revenue Section				
Audit Section				
All certificates received				
Finance Officer		Date		
Please take necessary action	on to ascertain th	e charges.		
Before (Date)				
All certificate received and				
Registrar (Admin.)			Date	

