



KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE FINANCE OFFICER

STUDENT WORK-STUDY PAYMENT CLAIM FORM

COMPLETE IN TRIPLICATE PER MONTH (ATTACH ATTENDANCE FORM)

CLAIMANT DETAILS

NAME:.....SIGN.....DATE.....
 IDNO.....REG. NO.....SEM.....ACADEMIC YEAR.....
 TEL NO:

WORK DETAILS

DEPARTMENT	NO. OF HRS	AMOUNT PER HOUR	TOTAL	SIGN

CLAIM SUMMARY

TOTAL AMOUNT
 KES.....INWORDS.....

AUTHORITY

CLAIMANT
 SIGN.....DATE.....
SUPERVISOR
 NAME.....SIGN.....DATE.....
DEAN OF STUDENTS
 NAME.....SIGN.....DATE.....

APPROVAL

DVC(AFF&D)/(ASA).....SIGN.....DATE.....
 FINANCE
 OFFICER.....SIGN.....DATE.....