



KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE FINANCE OFFICER

INVOICE ADJUSTMENT FORM

Name: REG. NO

Academic Year..... Semester..... ID NO.....

(Please indicate in the space provided below the type of adjustment and amount)

S/N	COURSE CODE	✓ TICK	AMOUNT
1	Catering Meals		
2	Surcharge and Fines		
3	Accommodations		
4	Fees		
5	Fee Waiver		
6	Other (Please specify)		

Reasons/circumstances for adjustment

.....
.....

Student Signature: Date:

COD/HOD/HOS

Comment:.....
.....

Name:Signature & Stamp.....Date:

Registrar (AA)

Name:Signature & Stamp:Date:

Recommended/Not recommended

Finance Officer

Name:Signature & Stamp:Date:

Approved/Not Approved

Vice Chancellor/DVC ASA/DVC F&D

Name:Signature & Stamp:Date: