



HS/F006

Health Services Department

MEDICAL EXPENSES REFUND

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TO FINANCE OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ A/C NO. \_\_\_\_\_

Kindly arrange to refund Kshs, \_\_\_\_\_ (amount in words) \_\_\_\_\_

\_\_\_\_\_ Being money I spent purchasing drugs/Laboratory/X-ray services as per attached receipts.

Claimant signature \_\_\_\_\_ PF NO. \_\_\_\_\_ GRADE& DESIGNATION \_\_\_\_\_

Employment status: Permanent  Contract  Temporary

MEDICAL OFFICER'S COMMENTS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Part B of the referral returned Yes  No  Not Applicable

APPROVED/NOT APPROVED

VICE CHANCELLOR/D/VICE CHANCELLOR (P, F & A) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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