

SEKU/ARI/DPTS/F - 001



SOUTH EASTERN KENYA UNIVERSITY

P. O. BOX 170-90200
KITUI, KENYA

TEL. 0748605996/0748605997

PART-TIME TEACHING CLAIM FORM

(Please attach a Copy of the Appointment Letter)

FULL NAME _____ PF. No. _____ PIN No. _____

DESIGNATION _____ GRADE _____

EMAIL _____ TEL. No. _____

DEPARTMENT SERVED _____

ACADEMIC YEAR _____ SEMESTER/TERM PERIOD _____

BANK NAME _____ BANK A/C No. _____ BRANCH _____

BRANCH CODE _____ SWIFT CODE _____

S.No.	UNIT CODE	UNIT NAME	NO. OF STUDENTS	HOURS/ WEEK	RATE	AMOUNT DUE (KSHS.)
1.						
2.						
3.						
4.						
TOTAL						

SIGNATURE OF CLAIMANT

DATE

CHAIRMAN OF DEPARTMENT/
PROGRAMMES CO-ORDINATOR

SIGNATURE

DATE

DEAN OF SCHOOL

SIGNATURE

DATE

CHECKED (DVC-ARI)

SIGNATURE

DATE

APPROVED/NOT APPROVED
DVC CS

SIGNATURE

DATE