



United States
International
University-Africa

LECTURER'S PAYMENT CLEARANCE FORM
(Please fill this form and return it to accounts office)

NAME: Roy
COURSE NO: GRM2000
COURSE NAME: General Research Methods
SEMESTER/YEAR: Fall 2024

1. ACADEMIC AFFAIRS OFFICE

This is to confirm that I have received and reviewed the course file and I am satisfied that all material matters relating to the course have been complied with and a copy retained.

..... Admin approved 25th / 10 / 2024
Department Chair Date

2. LIBRARY

This is to confirm that the instructor has surrendered all the library books he/she borrowed for the course.

..... no outstanding library fees 25th / 10 / 2024
Librarian Date

3. REGISTRAR'S OFFICE

This is to confirm that the above named instructor has handed in the final grades to the registrar.

academic records cleared

25th/10/2024

Registrar

Date

4. FINANCE & ADMINISTRATION'S OFFICE

Verified for payment by:

Brooke

25th/10/2024

Accountant

Date

Paid by Cheque No.: 12345

Instructors' Signature: [Signature]