



United States
International
University-Africa

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

NAME: Paul
COURSE NO: 1457
COURSE NAME: Trial
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 Approval
Department Chair

25th October 2024
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
Librarian

26th October 2024
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 clearance

26th October 2024

Registrar

Date

4. FINANCE & ADMINISTRATION'S OFFICE

Verified for payment by:

Samson

26th October 2024

Accountant

Date

Paid by Cheque No.: 793142

Instructors' Signature: 