Claim Form - ${last\_name}, ${first\_name} - ${course}

# **Claimant Details**

Full Name: ${last\_name}, ${first\_name} Other Names: ${other\_names}

Phone Number: ${phone\_number}

Department: ${user\_department}

Rank: ${rank} Rate: ${rate}

Programme: ${programme} Course: ${course}

**Bank Details**

Bank Name:${bank\_name} Bank Branch:${bank\_branch}

Account Name:${account\_name} Account Number:${account\_number}

# **Claim Data**

**Claim Date** Start Time End Time Periods Amount

${claim\_data\_block}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **${claim\_date#1}** | ${start\_time#1} | ${end\_time#1} | ${periods#1} | ${result#1} |

${/claim\_data\_block}

Grand Total:\_GH₵\_${grand\_total}\_\_

# **Approvals**

1. Head of Dept. **【APPROVED】** 2. Dean of Faculty **【APPROVED】**

3. Provost **【APPROVED】**  4. Internal Auditor **【APPROVED】**

5. Vice Chancellor **【APPROVED】**