

DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY

MEDICAL DEPARTMENT

REIMBURSEMENT OF MEDICAL EXPENSES(DKUT/RME/01)

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NAME……………………………………………………... PF. NO……………………………………………………………………………….

Department……………………………………………………………….

Type of claim (tick appropriately) Medical Dental/Optics

*N/B for Dental and Optical Claims, this from must be endorsed by the Human Resource Department.*

Please reimburse me with a sum of Ksh. (**in words**)

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In respect of medical expenses incurred by me/my child/my spouse as per details hereunder:-

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| --- | --- | --- | --- | --- |
| **Chemist/Doctor** | **Receipt No.** | **Date** | **Ksh** | **cts** |
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| Total |  |  |  |  |

**Sign** (Claimant)……………………………………………………………………. **Dat**e……………………………………………………………

**Endorsed by** (Medical Officer) ……………………………………………… **Date**………………………………………………………….

**Endorsed by** (Human Resource Officer) ………………………………… **Date**…………………………………………………………

**Approved:** (DVC-A&F/Vice Chancellor) …………………………………… **Date**……………………………………………………….

**Finance Officer**…………………………………………………………………………. **Date**………………………………………………………