

SEKU/ARSA/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.						
<b>TOTAL</b>						

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHAIRMAN OF DEPARTMENT/  
PROGRAMMES CO-ORDINATOR

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN OF SCHOOL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHECKED (DVC-ARSA)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED/NOT APPROVED  
DVC FPD

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE