

**UNIVERSITY OF EASTERN AFRICA, BARATON**  
**GENERAL EXPENSES CLAIM FORM**

Name \_\_\_\_\_ Month \_\_\_\_\_

**(1) Per-diem Allowance**

Date	Breakfast	Lunch	Super	Night out	Rate	Country	Total
<b><u>Per-diem Total</u></b>							

**(2) Other Expenses – Details below**

_____	_____
_____	_____
_____	_____
_____	_____

**Grand Total** \_\_\_\_\_

Reason for Travel \_\_\_\_\_  
 \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

**Departmental Head**

Approved by \_\_\_\_\_ Date \_\_\_\_\_