

UNIVERSITY OF EASTERN AFRICA, BARATON

Medical Expenses Claim Form

NameMonth

Medical Expenses - 75% Allowance

Doctor's or Dentist's consultation, medicine & Other hospital expenses

SN	RECEIPT NO:	DETAILS	AMOUNT
TOTAL			
75% -CLAIM			

Medical Expenses - 100% Allowance

Annual medical checkup, Prophylatic medicines, Malaria, Ameoba, Bilharzia as per policy

SN	RECEIPT NO:	DETAILS	AMOUNT
TOTAL			
GRAND TOTAL			

Please attach receipts for the expenses.

Applicant Name:Signature.....Date.....

Approved BySignature Date

(Please stamp) **Medical Director**