



University of Eastern Africa, Baraton
GENERAL EXPENSES CLAIM FORM

Department: Payroll ID

Per-diem Allowance

Date	Breakfast	Lunch	Super	Night out	Rate	Country	Total
Per-diem Allowance Total							

Other Expenses — Details below

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Grand Total

Reason for Travel

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

HOD Name:Signature.....Date.....

DVC Academics Name(Faculty):Signature.....Date.....

DVC Finance Name:Signature.....Date.....