



**University of Eastern Africa, Baraton**  
**A Chartered Seventh-day Adventist Institution of Higher Learning**  
**Medical Expenses Claim Form**

Name .....Month .....

**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, Prophylactic 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 By .....Signature ..... Date .....  
(Please stamp) **Medical Director**

Approved By .....Signature ..... Date .....  
**Deputy Vice-Chancellor for Finance, Planning and Administration**