



UNIVERSITY OF EASTERN AFRICA, BARATON
EDUCATION SUBSIDY (SCHOOL FEES) APPROVAL FORM

1. School Fees

1	Name of Child	
2	Name of Parent	
3	Child's Birth Date	
4	Birth Order (<i>1st born, 2nd born e.t.c</i>)	
5	Name of School	
6	Educational Level (Class, Form and Term For College; the Year and Semester)	
7	Fees Required	

NB: Attach a board action if the school of study is not a Seventh Day Adventist Institution

2. Child(ren)'s Travel Expense: Public Transport Equivalent

	CHILD NAME	FROM	TO	AMOUNT
1				
2				
3				
4				

3. Textbooks

	RECEIPT NO	BOOK TITLE	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Approved by**Date**

Human Resource Manager

Authorised by**Date**

Deputy Vice-Chancellor for Finance, Planning and Administration