



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

Approved By .....Signature ..... Date .....  
**Payroll Accountant**

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