



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

Director of Finance :..... Signature Date

DVC Finance Name: Signature Date