

**AKENTEN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING AND ENTREPRENEURIAL
DEVELOPMENT**

R01 – CLAIM FORM FOR MEDICAL EXPENSES REFUND

Part A - Details of Claimant

Name.....Designation.....
 Staff Number.....Telephone Number.....
 Faculty/Department/Section/Unit.....Month/Year.....

Part B - Details of Claim

Please tick the relevant medical item below and write the corresponding amount of refund requested		
Please tick	Item	Cost (GHC)
	Consultation	
	Drugs	
	Surgery	
	Physical Examination	
	X-Rays, CT Scans and MRIs	
	Electrocardiography (ECG)	
	Laboratory Tests	
	Inpatient Accommodation	
	Other (Please Specify)	
Total		

Claimant's Declaration:

*I certify that the above medical expense(s) was/were incurred by me in respect of myself/husband/wife/child(ren)/wards.
 Relevant prescription forms and receipts are attached.*

 Signature of Claimant

 Date (DD/MM/YYYY)

Part C – Approving Officers

 Director, Health Services

 Date (DD/MM/YYYY)

 Deputy Registrar, Human Resource

 Date (DD/MM/YYYY)

 Registrar

 Date (DD/MM/YYYY)

Part D - Authorising Officer

 Finance Officer

 Date (DD/MM/YYYY)

Part E - Claim Summary (For Accounts Officer's Use Only)

Total amount due to
 ClaimantGHC _____

 Prepared by

 Signature

 Date (DD/MM/YYYY)

 Checked by

 Signature

 Date (DD/MM/YYYY)