

**MISCELLANEOUS CLAIM**

This form is to be used for reimbursement of miscellaneous expenditure incurred by staff members. **Do not** use this form for Education Allowance, Medical Claim, Meal Allowance, Motor Mileage, Accountable Advance and Per Diems for which specific forms are to be used.

*Please support this claim with proof of expenditure.*

**It is not to be used for payment for the supply of goods and services of value F\$1,000 and above for which an Official Purchase Order will be raised.**

Name: \_\_\_\_\_ Staff No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty/Section: \_\_\_\_\_ Dept/School/Office: \_\_\_\_\_

Bank Account Details: Bank: \_\_\_\_\_ Bank Account No. \_\_\_\_\_

I wish to claim reimbursement of the undernoted expenditure incurred, with approval, on behalf of the University.

FUND	ORGN	ACCT	PROG	AMOUNT	DESCRIPTION
Total (\$)					

Description	Name	Signature	Date
<b>Claimant</b>			
<b>FAO/Mgmt Accountant/ PRIDE Accountant</b>			
<b>*Approved by</b>			
<i>For use by Accounts Payable (AP) unit (claim above F\$100 only; pay from Petty Cash for claim of up to F\$100):</i>			
<b>Checked by:</b>			
<b>Sr. Accountant</b>			

*\* Please refer to item 3 of Policy 6.2.02 – Scheme of Financial Delegations in force for the competent staff with the delegation to sign as Approver.*

<b>Payment Details:</b>	
PV No _____	Date: _____
Chq No: _____	Date: _____
Signatory initials: 1. _____ 2. _____	