

**UNIVERSITY OF EASTERN AFRICA, BARATON
P.O. BOX 2500, ELDORET, KENYA**

ANNUAL LEAVE CLAIM FORM

Name: _____

Spouse's Name: _____

Date of Leave: _____ **(Attach annual leave letter)**

Dependents

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Annual leave Destination _____

Per-diem Allowance

Date	Break-Fast	Lunch	Supper	Night Out	Rate KShs	Sub-Total	No. of Days	Total
						Grand Total		

Total Claim KShs _____

Signature _____

For Official Use only:

Amount Payable KShs: _____