

UNIVERSITY OF EASTERN AFRICA, BARATON

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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
		Total	
		75% - Claim 	

Medical Expenses - 100% Allowance

Annual medical checkup, Prophylatic medicines, Malaria, Ameoba, Bilharzia as per policy

SN	RECEIPT No.	DETAILS	AMOUNT
1			
2			
3			
4			
5			
		Total	

GRAND TOTAL 

Please attach receipts for the expenses.

Approved By Date

(Please stamp)

Medical Director