

**MOI UNIVERSITY – HEALTH SERVICES DEPARTMENT**

**FROM:** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

**TO:** FINANCE OFFICER **DATE:** \_\_\_\_\_

**NAME OF BANK** .....**BRANCH** ..... **ACCOUNT NO.**.....

Kindly arrange to refund me Ksh. \_\_\_\_\_ (amount in words \_\_\_\_\_  
\_\_\_\_\_ ) being money I spent

on purchasing drugs/Laboratory/X-ray services as per the attached receipts.

Claimants Signature \_\_\_\_\_ PF NO \_\_\_\_\_ GRADE & DESIGNATION \_\_\_\_\_

**PHARMACISTS COMMENTS** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LABORATORY COMMENTS** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED/NOT APPROVED**

C.M.O's SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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