

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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