

UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

APPLICATION FOR REFUND OF MEDICAL EXPENSES (All Staff)

From:

Designation:

.....
HoD Signature **Date**

I hereby claim the sum of GH¢.....

Medical Expenses incurred by me

+(a) When I was admitted/given medical treatment at the.....
Hospital/Clinic(Place)

+(b) When my wifewas admitted/given
medical treatment at.....Hospital/Clinic

+(c) In respect of maternity fee.....

+(d) When my child/children.....

.....
(name/Names) was admitted/given medical treatment at the.....

..... in accordance with the attached Doctor's

Prescription and Receipt No./Nos:.....

.....

Checked by:.....
Medical Officer

Recommended by:.....
Audit Unit

Date:.....

Date:.....

Approved by:
Pro Vice Chancellor

Date:

NB: If the Amount Exceeds GH¢5,000.00, the Pro Vice Chancellor shall seek authorization from the Vice Chancellor before payments are made.

Authorisation by:.....
Vice-Chancellor

Date:.....

+Fill columns which are applicable