



UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

APPLICATION FOR REFUND OF MEDICAL EXPENSES

ALLOCATION: .....

FROM: ..... REF. NO.....

DESIGNATION: .....

THROUGH:

HEAD OF DEPARTMENT: .....

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 wife/ Husband.....was admitted/given
medical treatment at.....Hospital/Clinic
\*c In respect of maternity fee.....
\*d. When my child/children.....
..... (name (s))
was/ were admitted/given medical treatment at the.....
in accordance with the attached Doctor's Prescription and Receipt No./Nos:.....

Signature of Applicant:..... Date:.....

Checked by:..... Date:.....

Head of Clinic

Recommended by:..... Date:.....

Audit Unit

Approved by:..... Date:.....

Vice-Chancellor

Received by:..... Date:.....

*\*Fill columns which are applicable*