



**UNIVERSITY OF NAIROBI HEALTH SERVICES**

**CONSULTANCY SERVICES CLAIM FORM**

CLAIMANT NAME.....PAYROLL NO.....

COLLEGE.....GRADE.....

DEPARTMENT.....

MOBILE No..... (Necessary for M-Pesa Payment)

TERMS OF SERVICE (Tick appropriate) Permanent  contract  Temporary

I wish to apply for a refund of the enclosed receipt(s) amount to Khs..... In respect of

Self  Dependant  (Tick appropriate)

<u>FULL NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
.....	.....	.....	.....
.....	.....	.....	.....

The reason why service was not offered at the University Health Services was.....

I am eligible for medical refund under the current University regulations and my terms of service.

I certify the information given above to be true.

Applicant's Signature..... Date.....

**RECOMMENDATION BY REFERRAL DOCTOR / LABORATORY TECHNOLOGIST**

I confirm that the applicant is eligible / not eligible for consultancy refund under his/her terms of Service.

Application is:- Approved / Not Approved

Remarks.....

Amount approved for refund Khs.....

Signed By..... Designation..... Date.....

**BURSAR'S OFFICE – UHS**

