UNIVERSITY OF NAIROBI HEALTH SERVICES

MEDICAL ADVANCE ACCOUNTING FORM

CLAIMANT NAME……**PAYROLL NO**……

COLLEGE……**GRADE**……

DEPARTMENT……..

MOBILE No…… **(Necessary for M-Pesa Payment**

TERMS OF SERVICE (Tick appropriate) Permanent ☐ contract ☐ Temporary ☐

Attached herewith are receipt(s) amounting to Khs……

Accounting for Advance No……dated……

UNSPEND AMOUNT: Paid through Receipt No…… Dated……

PLEASE REFUND ME OVER EXEPENDITURE AMOUNTING TO KHS……

Signature…… Date……

RECOMMENDATION BY RELEVANT UHS OFFICER

ACCOUNTING:- Approved ☐ Not Approved ☐ Remarks……

……

Signed By…… Date……

RECOMMENDATION BY ACCOUNT'S OFFICE UHS

ADVANCE:- Cleared ☐ Not Cleared ☐

Please **Refund** Khs……

Please **Recover** Over expenditure of Khs…… from His/Her salary

COMPUTATION OF EXCEES BED CHARGES

	MEDICAL ADVANCE ACCOUNTING			
	RECEIPTS DETAILS			
	Analysis of the amount Spend/ claimed			
	CLAIMANT		**PAYROLL NO.**	
	COLLEGE		**DESIGNATION**	
	ADVANCE NUMBER:-		**DATE:**	
	RECEIPT DATE	**RECEIPT NO.**	**DETAILS**	**AMOUNT**
			Total Advance Amount Taken	
			Less amount spend as per listed receipts bellow	
			TOTAL AMOUNT SPEND	
			BALANCE(UNSPEND AMOUNT)	