



GARISSA UNIVERSITY COLLEGE
(A constituent college of Moi University)

GU/HS/F/022

GARISSA 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 _____ P/F NO _____ GRADE & DESIGNATION

PHARMACISTS COMMENTS _____

SIGNATURE _____ DATE _____

LABORATORY COMMENTS _____

SIGNATURE _____ DATE _____

APPROVED/NOT APPROVED

C.M.O's SIGNATURE _____ DATE _____