



University of Eastern Africa, Baraton

GENERAL EXPENSES CLAIM FORM

Department.....

Name..... Month.....

Per-diem Allowance

Date	Breakfast	Lunch	Super	Night out	Rate	Country	Total
Per-diem Allowance Total							

Other Expenses – Details below

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Grand Total

Reason for Travel

Checked by: Departmental Head

Name:..... Signature Date.....

Approved by Date.....