



**OFFICE OF THE DEPUTY VICE CHANCELLOR (AFD)**

**PART TIME LECTURERS PAYMENT/CLAIM FORM**

NAME: ..... MOBILE: .....

POSTAL ADDRESS: ..... EMAIL ADDRESS: .....

SCHOOL:.....

DEPARTMENT:.....

ACADEMIC YEAR:.....

**Course taught**

<b>Semester 1 (Course name and code)</b>	<b>Semester 2 (Course name and Code)</b>

Total amount due in Kshs..... Less 30% Tax.....

Net Pay Ksh .....

I certify that the above named lecturer has taught, marked and submitted marks and all necessary documents.

Claimant: .....  
Signature Date

Chair of Department:.....  
Signature Date

Dean of School: .....  
Signature Date

DVC(ARSA): .....  
Signature Date

DVC(AFD): .....  
Signature Date

Finance Department: .....  
Signature Date