FORM D

THARAKA UNIVERSITY

P.O BOX 193-60215,
MARIMANTI, KENYA

Telephone: +(254)-0745838353
Website: https://www.tharaka.ac.ke
Social Media: tharakauni
Email: info@tharaka.ac.ke

CLAIM FORM FOR SSP/SBP PART- TIME TEACHING & MARKING

PART A: Applicant details and Courses taught

1. Full Name of Applicant …… P/F……
2. Faculty…… Department…….
3. Semester begins on …… and ends on …… CAMPUS……
4. Course(s) Details/Hours Taught (attach class & examination attendance registers)

SN	Course Code	Course Title	C.F	Lecture hours taught	Practical Hours taught	Tutorial Hours taught	Total Effective Hours	Rate/ Hour	Number of Students
1.									
2.									
3.									
4.									
5.									
6.									

Amount Claimed ……Applicant Signature……Date……

NB: An Applicant shall apply/claim for payment after submitting the marks and the scripts at the end of semester.

PART B: Marking

No of Students…… Total Scripts…….

The first 50 Scripts at flat rate (KShs. 2000) ……

The next 100 scripts at flat rate KShs. 20 per script……

The remainder scripts At Ksh.10 per script……

Amount claimed for marking……

Total Amount Claimed …… **Advance paid**…… **Balance due**……
(Both marking & teaching)

PART C: Chairperson of the Department

I certify that the information provided above is correct/ incorrect. I certify that Mark sheet and Mark Scripts have been duly Submitted /Not Submitted.

CoD…… Signature…… Date……..

Reasons _____

PART D: Office of the Dean of Faculty

Payment of Claim Recommended /Not recommended by Faculty of …….

Dean …… Signature…… Date……

Reasons _____

Part E: Office of the Deputy Vice - Chancellor (ARSA)

Checked by …… Signature…… Date……

The above claim payment request is approved /Not approved

DVC(ARSA)…… Signature…… Date……

Reasons _____

Part F: Finance Office

Authority for Payment:

Amount _____

Finance Officer: _____Signature _____Date_____