

# UNIVERSITY OF EDUCATION, WINNEBA

## E05 - CLAIM FORM FOR EXTERNAL SUPERVISION/EXAMINATION OF THESIS/DISSERTATION/LONG ESSAY

### Part A - Details of Claimant

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Faculty/Department: \_\_\_\_\_

Bank Account: Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ A/c No.: \_\_\_\_\_

### Part B - Details of Claim

Type of Claim (Please tick): Supervision [ ] Examination [ ]

Degree Supervised/Examined: Ph.D. [ ] M.Phil. [ ] MA [ ] M.Ed. [ ] PGDE [ ] Bachelor's [ ]

**Please list below the name(s) of student(s) and respective title(s) of thesis/dissertation/long essay supervised/examined.**

No.	Name/Index No. of Student	Title of Thesis/Dissertation/Long Essay

### Travel and Transport Expenses

Inbound: From: \_\_\_\_\_ To: \_\_\_\_\_ On (Date): \_\_\_\_\_

Outbound: From: \_\_\_\_\_ To: \_\_\_\_\_ On (Date): \_\_\_\_\_

Details of Internal Rounds (Refer to Note 2 overleaf): \_\_\_\_\_

Postage Expenses (Please state currency and amount): \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date(DD/MM/YYYY)

### Part C - Approving Officers

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

\_\_\_\_\_  
Dean, SGS (Where applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

\_\_\_\_\_  
Deputy Registrar (Academic)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

***This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.***

**Part D - Claim Summary** (For Accounts Officer's Use Only)

Item (Please tick)	No. of Students/ Kilometres	GH¢		US\$	
		Rate	Amount	Rate	Amount
Basic Fee					
Supervision					
Examination					
T&T Expenses					
Postage Expenses					
Other (Specify):					
<b>Total</b>			<b>GH¢</b>		<b>US\$</b>

\_\_\_\_\_  
Prepared by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

\_\_\_\_\_  
Checked by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

**NOTES:**

1. Please enclose your report on the examination (where applicable) if it has not already been submitted.
2. For journeys by road between two towns for the purpose of catching a plane, the names of the towns, distance, and cost of travel should be stated.
3. Remuneration shall be translated at the prevailing exchange rates to Ghana Cedis where applicable.

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