FORM 6.31.17A

MISCELLANEOUS CLAIM

THE UNIVERSITY OF THE SOUTH PACIFIC

This form is to be used for reimbursement of miscellaneous expenditure incurred by staff members.
Do not use this form for Education Allowance, Medical Claim, Meal Allowance, Motor Mileage, Accountable Advance and Per Diems for which specific forms are to be used.
Please support this claim with proof of expenditure.
It is not to be used for payment for the supply of goods and services of value F$1,000 and above for which an Official Purchase Order will be raised.

Name:_____ Staff No.: _____ Phone: _____

Faculty/Section:_____ Dept/School/Office: _____

Bank Account Details: Bank: _____ Bank Account No. _____

I wish to claim reimbursement of the undernoted expenditure incurred, with approval, on behalf of the University.

FUND	ORGN	ACCT	PROG	AMOUNT		DESCRIPTION
Total ($)						

Description	Name	Signature	Date
Claimant			
FAO/Mgmt Accountant/ PRIDE Accountant			
***Approved by**			
For use by Accounts Payable (AP) unit (claim above F$100 only; pay from Petty Cash for claim of up to F$100):			
Checked by:			
Sr. Accountant			

** Please refer to item 3 of Policy 6.2.02 – Scheme of Financial Delegations in force for the competent staff with the delegation to sign as Approver.*

Payment Details:

PV No _____ **Date:**_____

Chq No: _____ **Date:** _____

Signatory initials: 1. _____ 2. _____