



# GHANA TECHNOLOGY UNIVERSITY COLLEGE

## MEDICAL EXPENSE REFUND FORM

### PART A – APPLICANT

- 1) Name of staff .....
- 2) Department ..... 5) Staff No. ....
- 3) Job Title ..... 6) Date .....
- 4) Attachments: Receipts  Prescription

Name Of Patient	Relationship to Staff	Age (If Claim Is In Respect Of a Child/Children	Hospital/Clinic	Amount (Total Bill)

.....  
Signature of Applicant

### PART B – VERIFICATION - HR DEPARTMENT

Name Of Staff	Category Of Staff	Medical Allocation	Amount Spent To Date	Current Bill	Balance Of Medical Allocation

- a. Recommended  b. Not Recommended

Justification/Reason for recommending or not recommending .....

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

### PART C – APPROVAL - PRESIDENT/ VICE PRESIDENT/ REGISTRAR

- a. APPROVED  b. NOT APPROVED

Justification/Reason for approving or not approving .....

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