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| fnu  **Department of Financial Accounting** | | | | | | | | |
| **ACQUITTAL FORM** | | | | | | | | |
| This form is to be used when acquitting an advance taken upon completion of work performed | | | | | | | | |
| PLEASE COMPLETE ALL PARTICULARS OF THE FORM | | | | | | | | |
|  | | | | | | | | |
|  | **Name** |  |  | **ID** |  | | |  |
| **Department** |  | **Contact Number** |  | | |
| **College** |  | **Campus** | Derrick | | |
|  | | | | | | | | |
| **Acquittal** | **Ensure the amount in the advance section is the total of the advance received and all monies due to FNU have been paid, attach the receipt and record all details** | | | | | | | |
| Date | Receipt # | Description | | | | | Amount | |
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|  |  |  |  | Total of Expenses |  |  |  | |
|  |  |  |  | Total of Advance Paid |  |  |  | |
|  |  |  |  | Refund if Expenses are more than Advance | | |  | |
|  |  |  |  | Balance to be remitted to FNU | |  |  | |
|  |  |  |  | Receipt # |  |  |  | |
|  | | | | | | | | |
| Claimants Certificate: I declare that the above expenses are claimed and were incurred exclusively in respect of duties undertaken in discharging my University responsibilities. I have included original receipts for each expense. | | | | |  | CLAIMANT'S SIGNATURE | | |
| Date: |  |  |  |  |
|  | | | | |  |  | | |
| Dean/ HOS Certificate: I declare that the payment to the beneficiary is in accordance with the University's policies and procedures. Supporting documentation has been supplied and checked. | | | | |  | DEAN / HOD’S SIGNATURE | | |
| Date |  |  |  |  |
|  | | | | | | | | |

**ACQUITTAL EVIDENCE**