

**UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA**

**APPLICATION FOR REFUND OF MEDICAL EXPENSES**

**Deans**

From: .....

Designation: .....

I hereby claim the sum of GH¢.....

Medical Expenses incurred by me

+(a) When I was admitted/given medical treatment at the.....

Hospital/Clinic .....(Place)

+(b) When my wife .....was admitted/given

medical treatment at.....Hospital/Clinic

+(c) In respect of maternity fee.....

+(d) When my child/children.....

.....

(name/Names) was admitted/given medical treatment at the.....

..... by the attached Doctor's

Prescription and Receipt No./Nos: .....

.....

.....  
**Signature of Applicant** ..... **Date**

Checked by:.....  
**Medical Officer** ..... **Date**

Recommended by:.....  
**Audit Unit** ..... **Date**

Approved by: .....  
**Pro Vice-Chancellor** ..... **Date**