

**AFRICA INTERNATIONAL UNIVERISTY  
DEPARTMENT OF FINANCE  
STUDENT ALLOWANCE CLAIM FORM:**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT NO:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE OF REQUEST** \_\_\_\_\_

<b>DETAILS OF PRESENT REQUEST</b>	<b>AMOUNT (KSHS)</b>
a) _____	_____
b) _____	_____
c) _____	_____

**Total Amount in Words** \_\_\_\_\_  
\_\_\_\_\_

**Statement of Current Balance in student account:** \_\_\_\_\_

**NOTE: All payment will be made in form of cheque**

**OFFICIAL USE ONLY**

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
**Financial Aid Officer**

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Head of Finance**