



UNIVERSITY OF NAIROBI
Student Welfare Authority
P.O. Box 30344 Nairobi.

Student Payment Form: **No.**

Name..... Reg. No.....

Purpose for which payment is made:

- Work-study Programme (In session) Meeting Sitting Allowance
- Work-study Programme Refund Claim
- Hall Chairman Allowance Other (Specify).....

Work Station: Section.....Department/SMU..... Nature of work.....

DATE	FROM	TO	HOURS/DAYS	REMARKS

Confirm that the student is eligible for this payment and the hours days claimed are confirmed to be true.

HEAD OF SECTION NAME..... Signature.....Date.....

CERTIFIED FOR PAYMENT BY:Signature.....Date.....

APPROVED BY: DIRECTOR SWA.....SignatureDate.....