FNU FIJI NATIONAL UNIVERSITY

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		**Employee Number**	
Department		**Contact Number**	
College		**Campus**	

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
		Total of Expenses	
		Total of Advance Paid	
		Refund if Expenses is more than Advance	
		Balance to be remiited to FNU	
		Receipt #	

Claimants Certificate : I declare that the above expenses are claimed and were incurred exclusivley in respect of duties undertaken in discharging my University responsibilities. I have included original receipts for each expenses.

Date

CLAIMANT'S SIGNATURE

Dean/ HOS Certificate: I dcelare that the payment to the beneficiary is in accordance with the University's policies and procedures. Supporting documentation has been supplied and checked.

Date

DEAN / HOD SIGNATURE