



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/RAA/043

Title: PAYMENT REQUEST

Department: REGISTRAR ACADEMIC AFFAIRS

Issue No. 1

Revision No. 1

Date: 10th March 2017

Date: \_\_\_\_\_

To Finance Officer/Cash Office

Receive from: Prof./Dr./Mr./Mrs./Ms. \_\_\_\_\_

Reg. No.: \_\_\_\_\_ KES. \_\_\_\_\_ being payment for (*tick appropriately*)

(i) Examination fees

(ix) Student ID card replacement

(ii) Examination Centre fees

(x) Third party transcript fees

(iii) Application fees

(xi) Industrial linkages fees

(iv) Registration fees

(xii) Log book replacement

(v) Late Registration fees

(xiii) Insurance renewal fees

(vi) Mid entry fees

(xiv) Hire/Late Return of Gown

(vii) Remarking fees

(xv) Certification of documents

(viii) Transcript replacement fees

(xvi) Storage fees

(xvii) Others specify \_\_\_\_\_

Issuing Officer: \_\_\_\_\_ Sign: \_\_\_\_\_

