

PRO-RATA PAYMENT INDEMNITY FORM

ACCEPTANCE TO BE PAID ON PRO-RATA BASIS

I _____ ID No _____

PF No _____ do accept to be paid at pro-rata rates for teaching the following courses at University of Eldoret:

Course Code	Course Title	No. of students
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

The courses are domiciled in the School of _____ Department of _____ They are/were offered in Semester I/II/III (Tick appropriately) of _____ Academic Year.

Signed _____ Date _____

Name _____

Confirmation by HoD

Name of HoD: _____

Signature of HoD: _____

Department: _____

Official Stamp and Date: _____

PRO-RATA PAYMENT INDEMNITY FORM [UoE/FM/026 ©2020 (REV 1)]

