

THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS
BURSARY

Date _____

REQUEST FOR SUBSISTENCE
ADVANCE FOR FOREIGN TRAVEL
(A)

NAME OF OFFICER _____
DEPARTMENT _____
PURPOSE OF TRIP _____

Territory _____ Departure Date _____ Territory _____ Arrival Date _____
Territory _____ Departure Date _____ Territory _____ Arrival Date _____
Territory _____ Departure Date _____ Territory _____ Arrival Date _____

NUMBER OF NIGHTS _____

Signature of Claimant

(B)

1. Verified that no advances paid earlier are outstanding for more than 4 weeks and claims against such advances have been submitted by the claimant and sent to the bursar.
2. Verification that report to Vice Chancellor/Principal/Dean/Dept. Head for visit to previous Non-UWI meeting(s) has been submitted.
3. Present request verified and approved.

Signature _____
(Head of Department)

(C)

FOR USE IN THE BURSURAY

Territory _____ No. of Nights _____ Rate _____
Territory _____ No. of Nights _____ Rate _____
Territory _____ No. of Nights _____ Rate _____

AMOUNT _____

Fund _____
Organization _____
Account _____
Programme _____