



PRACTICAL SUBJECTS AND PROJECTS

**Incomplete forms will not be processed.*

**Use a separate form for each subject.*

CLAIMANT INFORMATION

Last Name	<input type="text"/>	First Names	<input type="text"/>		
Staff Number	<input type="text"/>	<input type="checkbox"/> permanent	<input type="checkbox"/> part-time	<input type="checkbox"/> non-staff	
ID Number	<input type="text"/>	Income Tax no.	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Code	<input type="text"/>
Tel no.	<input type="text"/>	Mobile no.	<input type="text"/>	e-mail	<input type="text"/>

BANKING DETAILS

Bank	<input type="text"/>	Branch	<input type="text"/>	Type	<input type="text"/>	Acc no.	<input type="text"/>
Signature of Claimant	<input type="text"/>					Date	<input type="text"/>

SUBJECT DETAILS

Subject	<input type="text"/>	Code	<input type="text"/>	Exam	<input type="text"/>	Services rendered	<input type="text"/>
Date	<input type="text"/>	No. of projects examined/moderated	<input type="text"/>	Number of hours	<input type="text"/>		
Date	<input type="text"/>	No. of students examined/moderated	<input type="text"/>	Number of hours	<input type="text"/>		

I _____ (name and surname of examiner / moderator), hereby confirm that the number of hours claimed for is correct and the claim form is completed in full.

Signature of Examiner / Moderator	<input type="text"/>	Date	<input type="text"/>	Campus	<input type="text"/>	EXT	<input type="text"/>
Signature of H.O.D	<input type="text"/>	Date	<input type="text"/>				

FOR OFFICE USE

Rate per hour	<input type="text"/>	Total Amount	<input type="text"/>
Signature of Entity Manager	<input type="text"/>	Date	<input type="text"/>
Signature of Supervisor (Salaries)	<input type="text"/>	Date	<input type="text"/>
<div>Pretoria Campus [21-LG02]</div>			