

DIRECTORATE OF INDUSTRIAL TRAINING:
CLAIM FORM FOR: PART TIME INSTRUCTORS OR SKILL IMPROVEMENT/EVENING TIME COURSES:

Please, submit in Duplicate.

Name of Claimant.....Designation:.....Job Group (If Support)..... ID/No.....
 Activity: i. Facilitation ii. Support iii. Supervision Course/Trades.....Level.....
 DIT Training Centre.....Dates of the Course: i. From.....ii. To.....

Week	Hours Per Day																		Hours of the Week
	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			
	M	A	E	M	A	E	M	A	E	M	A	E	M	A	E	M	A	E	
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
Total Hours for the Course																			

1. Number of trainees enrolled (in words)..... **Centre's Official**
2. Breakdown of (1) above: i. No. Residential:.....ii. No. non-residential..... **Stamp:**
3. Number of trainees who completed (in words).....
4. Claimant's Signature.....Date.....

Legend		
i. M	-	8.00am - 12.30pm
ii. A	-	2.00pm - 5.00pm
iii. E	-	5.00pm - 8.00pm

Declaration by Authorised Officer: I hereby certify that the officer worked for the hours indicated above to my satisfaction.

DIT Authorised Officer (Name):.....Signature.....Date.....

DIT HEADQUARTER'S USE

[Facilitation/ Supervision/] Rate per hour/day (Ksh):..... [Support Staff] Rate Per Day as per Job Group

Amount in figures (Kshs) (Calculation):

Total amount claimed in words (Ksh):.....

1) Computation done by..... Signature.....Date..... Designation.....	2) Recommended by..... Signature.....Date..... Designation.....
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3) **Approved by**.....**Signature**.....**Designation**.....**Date**.....

4) **Internal Auditor (Name)**.....**Signature**.....**Remarks**.....**Date**.....

5) **Levy Accountant Action (Name)**.....**Signature**.....**Date**.....