Uganda Christian University

Request For Funds

Name:
Department:

No.	Budget Line(Code)	Description	Quantity	Cost	Total

Prepared by: ……. Date: …….

Recommended by: ……... " …….
(Dean of Faculty/Head of Department)

Authorized by:
Deputy Vice Chancellor
(Academic Affairs) ……. " …….
Deputy Vice Chancellor
(Finance & Administration) …… " …….
Deputy Vice Chancellor
(Development & External Relations)……... " …….

Vice Chancellor: ……. " …….

Checked by:
Internal Auditor: …….. " …….
Passed by:
University Bursar: ……. " …….