THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

CLAIM FOR PAYMENT OF PROFESSIONAL ANNUAL SUBSCRIPTIONS
(Fill in quadruplicate)

1. Name of Applicant: …….....

2. Man No: ……

3. Position/Rank: …….....

4. Category of Staff Management [ ] UNZALARU [ ] UNZAPROSA [ ] UNZAAWU [ ]

5. School/Unit: ……..…

6. Membership of Professional Institutions or Associations

NO.	NAME OF INSTITUTION/ASSOCIATION	TYPE OF MEMBERSHIP	AMOUNT

7. **JOURNALS**

NO.	NAME OF JOURNAL	AMOUNT

7. Signature of Applicant: …… Date: …….....

8. Application Recommended/Not Recommended

Signature: ……..……
Dean/Director/Registrar/Deputy Vice-Chancellor

9. Approved/Not Approved

Signature: …… Date: …….……..
CHAIRPERSON - COMMITTEE ON SUBSCRIPTIONS AND PROFESSIONAL MEMBERSHIPS.

NOTE:

1. *Only Membership Fees and Annual Subscriptions to recognised and Relevant Institutions, Associations or Journals will be approved.*
2. *Proof of Subscription Demand Notices or Receipts to be attached.*
3. *Payment will be direct to the Institutions, Association or Journal **OR** reimbursement in Kwacha to the claimant if he/she has paid with proof of receipts.*

CC School/Unit
Bursar
Applicant