



STAFF CREDIT FORM

A. STAFF MEMBER'S PERSONAL DETAILS.

Name: Date.....

Payroll No. (Please tick as appropriate)

Department

Wages
 Salaries
 UNES Payroll

B. FINANCE DEPARTMENT: SALARIES, WAGES SECTION.

This member is on the payroll and his/ her number is

His/ her employment contract expires on

Signature Expected Net Salary is

Official Stamp Ksh.....

C. BOOKSTORE ACCOUNTS OFFICE.

This member of staff owes the UNES University Bookstore Ksh.as at.....

D. MEMBER OF STAFF.

I wish to take the following items on credit from the UNES University Bookstore to be recovered from my salary as indicated (E) below:

<u>Qty</u>	<u>Description</u>	<u>Kshs.</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

(NB: Write overleaf if the space provided is not enough).

TOTAL.....

Staff Member's Signature

E. UNES UNIVERSITY BOOKSTORE MANAGER.

To be recovered as follows:-

	<u>Month</u>	<u>Year</u>	<u>Kshs.</u>
1.			
2.			
3.			