

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
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12 Agosti 2020

Kutoka : Mkurugenzi wa Fedha
Kwenda kwa : Wakuu wa Skuli na Wakurugenzi
Wakuu wa Idara
Wafanyakazi wote – MUHAS



YAH: MABADILIKO YA MFUMO WA ULIPAJI

Napenda kuwafahamisha kuwa Chuo Kikuu cha Afya na Sayansi Shirikishi (MUHAS) kimejiunga katika mfumo mpya wa uhasibu uitwao “Mfumo wa Ulipaji Serikalini” (MUSE).

Kupitia mfumo huu, malipo yote hufanywa moja kwa moja kwenye akaunti za walipwaji/wahusika. Ili kuwezesha hili, wafanyakazi wote ambao wanatarajia kulipwa malipo mbali mbali na chuo, mfano, malipo ya kazi ya ziada (EDA), Posho ya Madaraka (Responsibility Allowance), Posho za vikao vya kikazi n.k., watahitajika kujaza fomu ya maelezo binafsi ili maelezo haya yaingizwe kwenye mfumo na kuwezesha malipo kufanyika.

Fomu hii inapatikana kwenye ofisi ya Mkurugenzi wa Fedha kuanzia Jumatatu hadi Ijumaa. Ikiwa utapata shida kwenye kujaza fomu hii usisite kuwasiliana na ofisi yangu au piga simu namba 0754426484. Ni muhimu sana kujaza fomu hii sasa ili kuepuka usumbufu unaoweza kujitokeza mwishoni.

Naambatanisha nakala ya fomu hiyo ili uweze kuidurusu kwa matumizi yako.

Asanteni sana kwa ushirikiano wenu.

A. J. Mwaduga
MKURUGENZI WA FEDHA

NNM

- Nakala imekuwa kwenye jalada
- Watunzi wote kabila
- Kurugenzi waibu na
- wataleza kama ilikyo-elekezwa
- *[Signature]*
- 12/8/2020

Nakala kwa: Makamu Mkuu wa Chuo
Naibu Makamu Mkuu wa Chuo – MFU
Naibu Makamu Mkuu wa Chuo – ARC

/rm

THE UNITED REPUBLIC OF TANZANIA



PAYEE REGISTRATION FORM(To be Filled in by prospective Payee)

SECTION A: PAYEE DETAILS

(TIN/ Check Number/PF No):	Name:
Address P.O. Box: Street: Region: Mobile: Email:	Classification: Employee <input type="checkbox"/> Utility <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/> Government institution <input type="checkbox"/>

SECTION B: PAYEE BANK DETAILS

Bank Name	
Account Name	
Bank Account Number	
Branch Location	
Account Type	Saving <input type="checkbox"/> Current <input type="checkbox"/>

I hereby declare, that all of the information I have provided is complete and correct

Payee Signature : _____

Date: _____

SECTION C: FOR OFFICIAL USE ONLY

Created By : _____ Approved By : _____

Date: _____ Date: : _____

Institution Name: _____

NB:

1. This form must be filled by either a company, A Government institution or an individual
2. This form must be stamped if payee is a company or a Government institution