


The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR CREDIT CONTROL CUEA/DVC FIN/FIN/05	FINANCIAL ADMINISTRATOR
	NO. OF APPENDICES:
	12 (TWELVE) (A-L)
AUTHORIZATION This Standard Operating Procedure is issued under the authority of:	
TITLE	DEPUTY VICE CHANCELLOR FINANCE
SIGNATURE	
DATE	29 th April 2015
ISSUE DATE	29 th April 2015
STAMP CONTROLLED / UNCONTROLLED	
NOTE: 1. Write amendments on the page provided (Clause 0.2) 2. Controlled copies of this document will be in the Financial Administrator's and DVC Finance Office	

	<p style="text-align: center;">The Standard Operating Procedure</p>	<p style="text-align: right;">CUEA/DVC FIN/FIN/05</p>
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0. CONTENTS AND RECORD OF CHANGES

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0.2 RECORD OF CHANGES

No.	Date	Details of Changes		Authorization
	(dd-mm-yy)	Page	Clause/subclause	Title
1.	05-07-2012	3,4,5 and 9-16	6. Inclusion of refund procedure and timelines and revision of the entire procedure to remove all ambiguous terms 7.0 Rearrangement of forms i.e. from form unique identification number 1 to 8.	Financial Administrator
2.	27.11.2014	1,3,5 &17	1,3 General Review of Procedure, authorization and approval 5. Inclusion of clause 6.5 Handling of Delayed Tuition Payments 17. Inclusion of Appendix L: Delayed Tuition Payment Form (CUEA/DVC FIN/FIN/05 fm09)	DVC Finance

0.3 DISTRIBUTION / CIRCULATION

This standard operating procedure is available at relevant function for authorized users.

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1.0 PURPOSE

The purpose of this procedure is to ensure that all Income of University has been invoiced, collected and accounted for in a timely manner and all scholarships has been credited in the students account.

2.0 SCOPE

This procedure covers the invoicing of all students and other incomes in the CUEA main, Kisumu, Gaba and Nairobi City Campuses for tuition, administrative fees and any other miscellaneous charges that may arise. The activities of Anuarite hostel and Bakanja seminary are excluded.

3.0 TERMS AND DEFINITIONS

- 3.1 CC - Credit Controller
- 3.2 Scholarships includes employee tuition waiver, staff courtesy, family discounts, University Tuition Grants (UTG), Windle Trust, Africa Circle of Hope, Resolution 15 & 17, AMECEA Scholarships, Deans list, Bakanja Seminary discount, Dr. Kuipers, St. Per Scholarship, Tangaza Schlarship, Pefpar Scholarship, Founders scholarship, Rattansi, Missio (CSJE), MOE, Joe Wanjui, CDF.
- 3.3 CCO – Credit control officer
- 3.4 Campuses – Encompasses Main, Kisumu, Gaba and Nairobi City
- 3.5 FA – Financial Administrator


4.0 REFERENCES

- 4.1 University Financial policies
- 4.2 Students Handbook
- 4.3 CUEA Quality Management Manual

5.0 PRINCIPAL RESPONSIBILITIES

The Financial Administrator shall be responsible for the adequacy and effective implementation of this procedure.

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6.0 METHOD

6.1 INVOICING

- 6.1.1 The credit control officer shall receive a duly filled registration form /bill from the client and categorizes them as fee and non- fee bills.
- 6.1.2 If it is a non- fee bill the CCO shall raise an invoice, print and issue to the client within 2 days from the period of presentation.
- 6.1.3. If they are fee bills, the CCO shall verify against respective student accounts
 - 6.1.3.1 If data is not accurate, the CCO shall return the form to the student to provide more Information.
 - 6.1.3.2 If the data is accurate the credit controller shall approve the form on the same day and return to the student who shall present the form to the registry and register online.
- 6.1.4 After registration, the CCO shall review student information in the system.
 - 6.1.4.1 If the information is not accurate, the CCO shall in consultation with the credit controller, resolve the matter, print an invoice and issue to the student on request by the student.


6.2. SCHOLARHIPS

- 6.2.1 The credit controller shall receive a list of beneficiaries from the financial Administrator duly signed and stamped.
- 6.2.2 The Credit Control Officer shall verify and validate the information
 - 6.2.2.1 If the list is not accurate, it shall be returned to the financial administrator
 - 6.2.2.2 If the list is accurate the credit controller shall compute the discounts and assign the General ledger account and forward to CCO to update the student account.
- 6.2.3 The CCO shall print and file the credit advice.

6.3. CLEARANCE OF STUDENTS FOR EXAMINATIONS

- 6.3.1 The CC receives instructions from the financial administrator to prepare examination List 4 weeks before the start of the examinations
- 6.3.2. The CC instructs the CCO to update student's accounts and print provisional Examination list and post on the students notice board.
- 6.3.3 If the list is not accurate, students shall present more information to the CC for updating their respective accounts.
- 6.3.4 If the list is accurate, the CCO shall print the final examinations list and present it to the Examinations office two weeks before the examination starts.

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6.4 REFUND TO STUDENTS

- 6.4.1 Upon request for refund, the CCO provides the student with a form for refund
- 6.4.2 The CCO then advises the student on the requirements for refund (a letter or notification from the sponsor on the reason for refund, a copy of the sponsors ID and contact details)
- 6.4.3 Once student has fulfilled the requirements for refund and filled the refund form, the CCO will then confirm the student account and debit the student account refund requested.
- 6.4.4 The CC will approve the request.
- 6.4.5 The CCO will then start processing the refund for payment by forwarding the refund request to the Financial Administrator/Senior Accountant to approve for payment.

6.5 HANDLING OF DELAYED TUITION PAYMENT FORM

- 6.5.1 In the third (3rd) week after the beginning of the trimester registers will be released and the names of all students with a balance will be omitted from the register.
- 6.5.2 Students whose names do not appear in the register will present themselves to the Credit Control Office and see the Student Accountant.
- 6.5.3 Students who have paid at least 50% of their invoiced fees will be given a Delayed Tuition Payment Form (CUEA/DVC FIN/FIN/05 fm 01) to complete and submit to the Student Accountant.
- 6.5.4 The Student Accountant receives the form and checks if the form has been properly completed and signed by the student:
 - 6.5.4.1 If the Form is properly completed the details of the form shall be keyed into the system and the document filed according to Faculty and student registration number.
 - 6.5.4.2 If the Form is not properly completed it shall be returned to the student who will be requested to complete and resubmit it.
- 6.5.5 The student shall be given an approved copy of the Delayed Tuition Payment Form (CUEA/DVC FIN/FIN/05 fm 01) to take to the Head of Department allowing them to continue attending class.

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- 6.5.5 On the 6th week the Student Accountant will pull information from the system and analyze it to check on compliance and prepare a report of those students who have not yet paid the agreed fee.
- 6.5.6 Communication to the Heads of Department will be made to stop students who have not complied to the undertaking of payment of 25% of the invoiced amount from attending class and a charge as agreed by the undertaking will be levied on the student account.
- 6.5.7 Once the student complies with the payment a statement is printed and approved by the Credit Control Officer to be presented to the student's Department to allow them resume classes.
- 6.5.8 In the tenth (10th) week of the trimester the Student Accountant will prepare the second report with the list of students who have not complied with the remaining 25% of the invoiced amount and this will again be forwarded to the Heads of Department requesting them to send the students to the Credit Control Office.
- 6.5.9 Students will then only be allowed back into class once they present an approved statement to the HOD.

NOTE: Students who pay all fees due at the beginning of a semester will be entitled to a discount of Kshs 2,000/- on the fees due, notwithstanding any contrary motives. The discounted amount will be credited to the student's account immediately after the full payment is completed.

7.0 APPENDICES


- 7.1 Appendix A: INVOICING PROCESS MAP
- 7.2 Appendix B: SCHOLARSHIP FLOW MAP
- 7.3 Appendix C : EXAM CLEARANCE FLOW MAP
- 7.4 Appendix D: CUEA WINDLE TRUST SCHOLARSHIP Claim Form
- 7.5 Appendix E: STAFF COURTESY SCHOLARSHIP CLAIM FORM
- 7.6 Appendix F: SECOND FAMILY MEMBER DISCOUNT CLAIM FORM
- 7.7 Appendix G: DR. KUIPER'S SCHOLARSHIP Claim Form
- 7.8 Appendix H: EMPLOYEE TUITION WAIVER CLAIM FORM
- 7.9 Appendix I: DEAN'S LIST SCHOLARSHIP Claim Form

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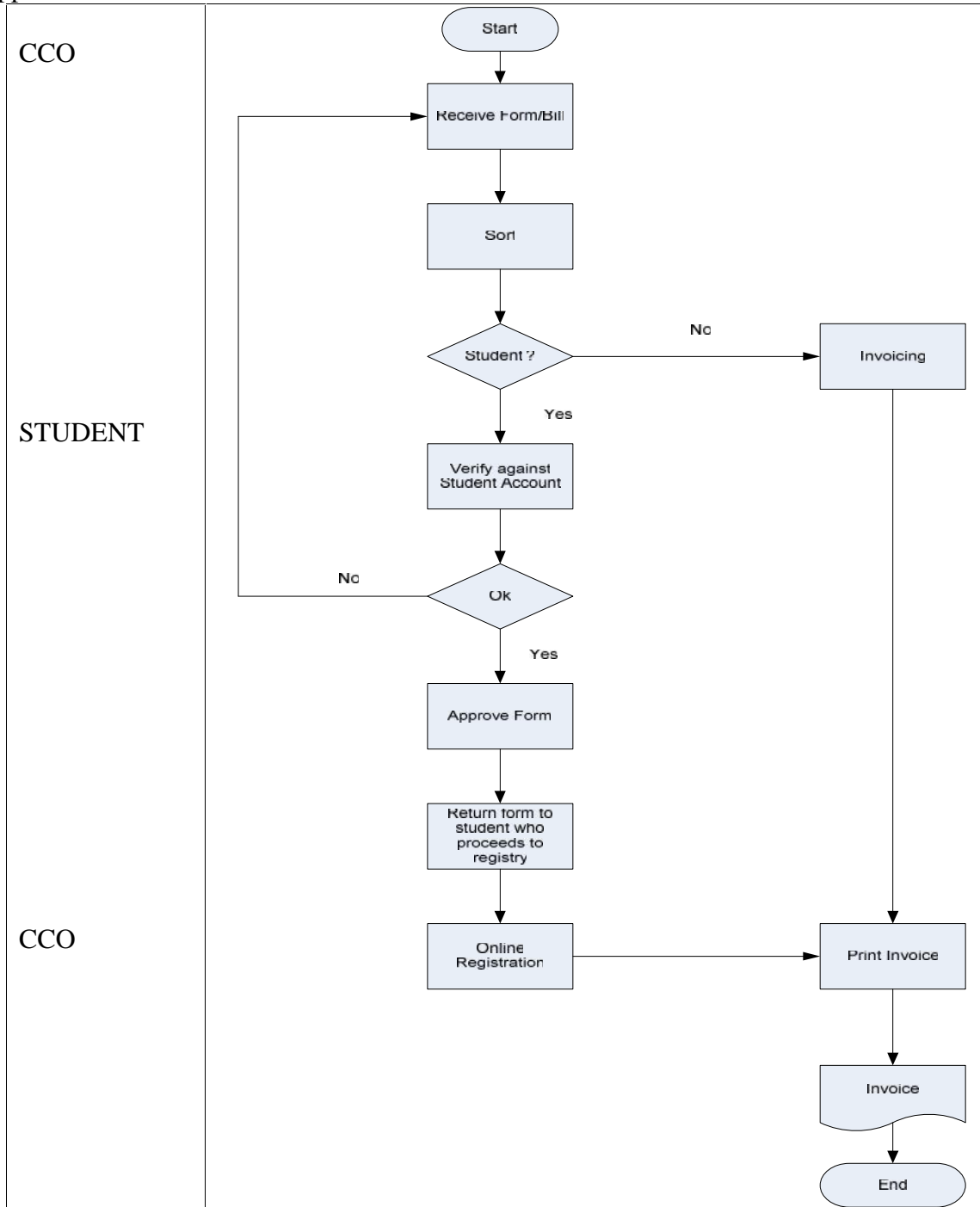
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- 7.10 Appendix J: COURSE RETAKE/SPECIAL EXAM FORM FOR FINALISTS 2011
- 7.11 Appendix K: REFUND REQUEST FORM
- 7.12 Appendix L: DELAYED TUITION PAYMENT FORM

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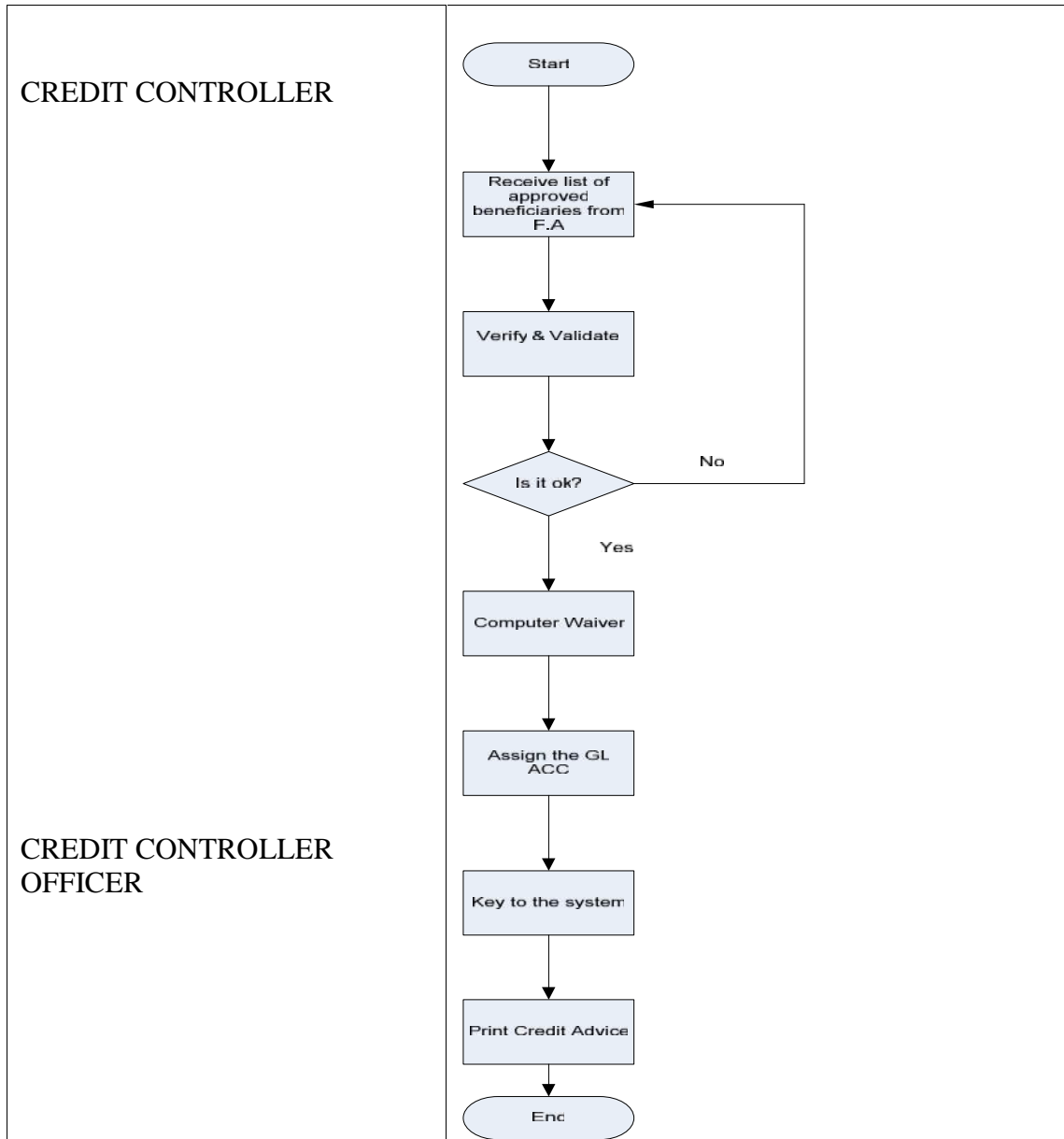
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7.1 Appendix A: INVOICING PROCESS MAP




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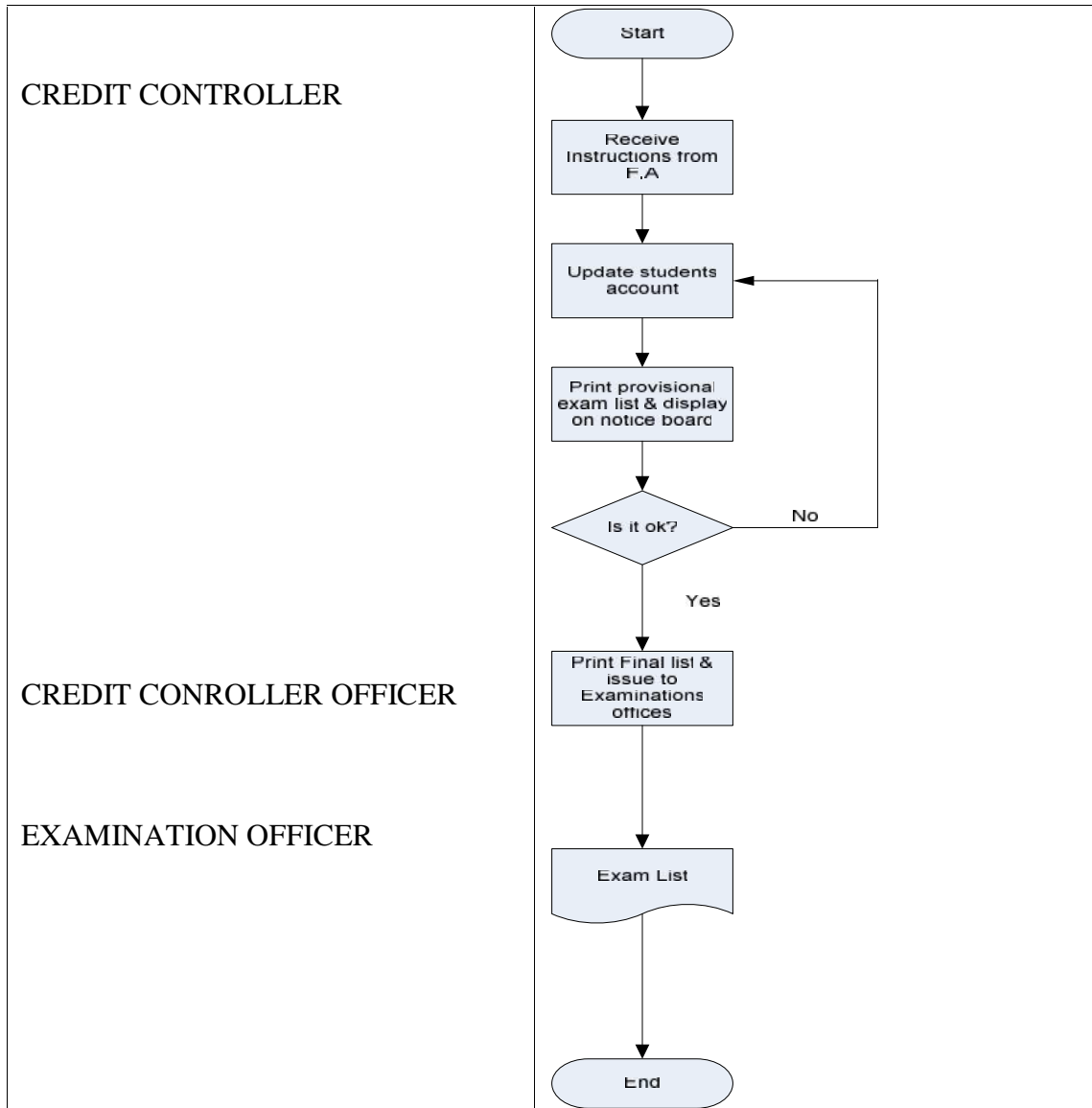
7.2 Appendix B: SCHOLARSHIP FLOW MAP




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7.4 Appendix C : EXAM CLEARANCE FLOW MAP



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7.4 Appendix D: CUEA WINDLE TRUST SCHOLARSHIP Claim Form



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
CUEA WINDLE TRUST SCHOLARSHIP Claim Form

A University Management Scholarship (only for students in Windle Trust scholarship)

To be completed by the student and returned to credit control office attached to a copy of the letter from Windle Trust **within the normal payment period.**

Date: _____

Application for: Academic Year: _____ Semester: _____

Student details:

Name : _____

Account Number : _____

Registration Number : _____

Student's Signature : _____

For Official Use Only

Invoice amount= _____ Windle Trust Scholarship = _____ Waiver = _____

Signature:


Checked and Verified by: _____ Date: _____

Approved by Credit Controller: _____ Date: _____

Entered in Student's Account (tick) _____ Date: _____

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7.5 Appendix E: STAFF COURTESY SCHOLARSHIP CLAIM FORM

Staff Courtesy Scholarship Claim Form

A University Council Scholarship (only for Staff members taking courses in CUEA)

To be completed by staff member and returned to credit control office attached to a copy of the letter from the Staff Development Committee **within the normal payment period.**

Date: _____

Application for: Academic Year: _____ Semester: _____

Staff Member details:

Name : _____ Payroll No.: _____

Work Department : _____

Account Number : _____

Registration Number : _____

Mobile Phone Number : _____

Program of study : _____

Staff member's Signature : _____

For Official Use Only

Invoice amount= _____ Waiver = _____

Signature:


Checked and Verified by: _____ Date: _____

Approved by Credit Controller: _____ Date: _____

Entered in Student's Account (tick) _____ Date: _____

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7.6 Appendix F: SECOND FAMILY MEMBER DISCOUNT CLAIM FORM

Second Family Member Discount Claim Form
A University Council Scholarship (only for Regular Students)

To be completed and returned to credit control office attached to original and photocopies of birth certificates **within the normal payment period.**

Date: _____

Application for: Academic Year: _____ Semester : _____

Older Member:

Name : _____
 Mobile Phone Number : _____
 Account Number : _____
 Registration Number : _____

Younger Member:

Name : _____
 Mobile Phone Number : _____
 Account Number : _____
 Registration Number : _____

Parent/sponsor details:

Name : _____ I/D No. : _____
 Address : _____ Telephone: _____

For Official Use Only

New Invoice total: _____ Discount (25%) = _____

Signature:

Checked and Verified by: _____ Date: _____


Approved by Credit Controller: _____ Date: _____

Entered in Students Account (tick) _____ Date: _____



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7.7 Appendix G: DR. KUIPER'S SCHOLARSHIP Claim Form

DR. KUIPER'S SCHOLARSHIP Claim Form

A University Council Scholarship (only for students awarded Dr. Kuiper's

To be completed by the student and returned to credit control office **as soon as the Scholarship committee awards the scholarship**

Date: _____

Application for: Academic Year: _____ Semester: _____

Student details:

Name : _____

Faculty : _____

Registration Number : _____

Account Number : _____

Student's Signature : _____

For Official Use Only

Final semester full tuition waiver = _____

Signature:


Checked and Verified by: _____ Date: _____

Approved by Credit Controller: _____ Date: _____

Entered in Student's Account (tick) _____ Date: _____

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7.8 Appendix H: EMPLOYEE TUITION WAIVER CLAIM FORM

Employee Tuition Waiver Claim Form
A University Council Scholarship (only for dependants of Staff members taking courses in CUEA)

To be completed by the staff whose dependant is a student and returned to credit control office attached to a copy of the letter from the Staff Development Committee **within the normal payment period.**

Date: _____

Application for: Academic Year: _____ Semester: _____

Staff Member details:

Name : _____ Payroll No.: _____
 Mobile Phone Number : _____
 Work Department : _____

Dependant (student) details:

Name : _____
 Account Number : _____
 Registration Number : _____
 Program of study : _____
 Staff member Signature : _____

For Official Use Only

Invoice amount= _____ Waiver = _____


Signature:

Checked and Verified by: _____ Date: _____
 Approved by Credit Controller: _____ Date: _____

Entered in Student's Account (tick) _____	Date: _____
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7.9 Appendix I: DEAN'S LIST SCHOLARSHIP Claim Form

DEAN'S LIST SCHOLARSHIP Claim Form
A University Council Scholarship (only for students in the Dean's List)

To be completed by the student and returned to credit control office **within the normal payment period.**

Date: _____

Application for: Academic Year: _____ Semester: _____

Student details:

Name : _____
Faculty : _____
Registration Number : _____
Account Number : _____
Student's Signature : _____

For Official Use Only

Three Units waiver = _____

Signature:


Checked and Verified by: _____ Date: _____

Approved by Credit Controller: _____ Date: _____

Entered in Student's Account (tick) _____ Date: _____

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7.10 Appendix J: COURSE RETAKE/SPECIAL EXAM FORM FOR FINALISTS 2011

CATHOLIC UNIVERSITY OF EASTERN AFRICA
COURSE RETAKE/SPECIAL EXAM FORM FOR FINALISTS 2011

NAME _____ **REG.#** _____

MOBILE # _____ **E-MAIL** _____


I hereby state that I will **NOT** undertake any retakes or sit for special examinations in the May 2011 trimester or thereafter. *If this is done, the Clearance form signed by credit control office will be null and void.*

SIGNED: _____ **DATE:** _____

Prepared by Esther (for Credit Control Office)

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7.11 Appendix K: REFUND REQUEST FORM



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

**OFFICE OF THE FINANCIAL ADMINISTRATOR
REFUND REQUEST FORM**

P.O. Box 62157 - 00200
Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084
Email: finadmin@cuea.edu

To: Financial Administrator:

From: Student Name: _____

Registration Number: _____

I am requesting for a refund of Ksh _____, being (tick as appropriate):

- | | |
|--|--------------------------|
| 1. Part of the over-paid Tuition | <input type="checkbox"/> |
| 2. Caution money | <input type="checkbox"/> |
| 3. Medical deposit | <input type="checkbox"/> |
| 4. Over paid tuition at end of my course | <input type="checkbox"/> |
| 5. Tuition refundable on withdrawal | <input type="checkbox"/> |

Please find attached my **updated statement** and a **copy of clearance certificate**.

I understand that any overpaid tuition (or other monies) in my account, arising from scholarships and bursaries are not refundable to me unless so indicated by direct communication from my sponsor, and that tuition waiver can also not be available for refund.

Student's signature _____

Date: _____

Verified by: _____

Credit Controller

Date: _____

Debited in student a/c by: _____

Student's A/c Officer

Date: _____

Agreed by: _____

Financial A/c

Date: _____

Authorised by: _____


Financial Admin. Date: _____

Cheque No. _____

Cashier _____ Voucher. No. _____

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7.12 Appendix L: DELAYED TUITION PAYMENT FORM



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Office of the Deputy Vice Chancellor – Finance

DELAYED TUITION PAYMENT FORM

A. PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

REGISTRATION NUMBER: _____

DEPARTMENT: _____

FACULTY: _____

TEL: _____ E-mail: _____

B. UNDERTAKING BY STUDENT

I _____, being unable to make full payment of the total invoiced fee amount by the beginning of the trimester, wish to enter into the delayed tuition payment plan as follows:-

I undertake to pay 50% of the total invoiced amount at the beginning of the trimester, 25% of the invoiced amount by the 6th week of the trimester and the balance 25% of the invoiced amount by the 10th week of the trimester.

I understand that the delayed tuition payment plan will attract a late payment penalty of Kshs.2,000.00 which will be charged on the 1st day of October/ 1st day of February/ 1st day of June.

I understand that failure to remit the monies owing by the due dates noted above will render me ineligible to take up or continue classes and examinations at the University.


In signing this undertaking, I confirm that I have read and agree to strictly abide by the Students Tuition Payment Policy.

NAME: _____

SIGNATURE: _____

DATE: _____

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C. OFFICE USE ONLY

Amount Invoiced. _____ Amount paid. _____ Outstanding Balance. _____

Credit Management/Financial Administrator. _____ Date. _____

Director/Finance Officer. _____ Date. _____

Official Stamp. _____



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA, (CUEA) P.O. BOX 62157, 00200 Nairobi – KENYA
 Tel: +254-20-8891601-6/+245-20-2525811-5, Fax: +254-20-8891084, Email: dvcfinance@cuea.edu, Website: www.cuea.edu
 Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

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