CENTRE FOR CREDITED LEADERSHIP AND VIRTUES (CLAV)

Form No. : 01

Version No. : 01

Revision No. : 00

Effective Date :27thJanuary 2014

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

#  PAYMENT REQUEST

 ***Ref. No:***

 ***PO. No.:***

1. (Full Name) :

1. Staff No. :
2. Bank & Account No. :
3. Amount (RM) :
4. Amount in Words :
5. Reason :

7. Vote/Budget from : O 144/B52201

8. Advance Taken /Other payment \*

|  |  |  |
| --- | --- | --- |
| **Cheque No.** | **Payable to** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 *(\* please attach copy of payment voucher or financial statement)*

***Prepared By: Recommended By:***

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 (Signature) (Officer in charge/Head of Dept.)

 Name : Name :

Date : Date :

***Approved by:***

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Approval Authority

(Official Stamp)

*For the staff in charge of finance*

***Verified by:***

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