**REIMBURSEMENT FORM**

**Section A: To be completed by staff / Academic Trainee**

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Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff No / AT No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post / Grade : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kulliyyah : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Study : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program ( / ) : Master Ph.D

Period of Study : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration** :

I hereby certify that payment had been made for the following expenses. Attached herewith the original receipt (s) as proof

of the following claim for reimbursement: **(please ( / ) in the relevant box)**

**ITEMS** **AMOUNT ITEMS** **AMOUNT**

**(please state currency) (please state currency)**

Visa \_\_\_\_\_\_\_\_\_\_\_\_\_ Medical fee \_\_\_\_\_\_\_\_\_\_\_\_\_

Passport \_\_\_\_\_\_\_\_\_\_\_\_\_ Family Health Care \_\_\_\_\_\_\_\_\_\_\_\_\_

IELTS/ TOEFL \_\_\_\_\_\_\_\_\_\_\_\_\_ Application Fee \_\_\_\_\_\_\_\_\_\_\_\_\_ Air-ticket \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : ……………………………… Date : ………………………………………………

**(Note: Claim for reimbursement will only be processed once the application for study leave / scholarship is approved by the Ministry of Higher Education / IIUM)**

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**Section B: To be completed by the Human Resource Academic Development Unit, Management Services Division**

The staff / Academic Trainee is eligible for reimbursement of the above mentioned expenses as per receipts attached.

Amount :­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Vote : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : ……………………………… Date : ……………………………………………..

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**Section C: Action By Kulliyyah**

Please reimburse the amount as stated in Section B above.