

**PAYMENT APPROVAL FORM**

|  |  |  |
| --- | --- | --- |
| **K/C/D/I/O** | : | KULIYYAH LANGUAGES AND MANAGEMENT |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Payable to | : | STAFF NAME/SPEAKER’S COMPANY NAME | | | | | | | |
| Staff No/Matric No | | | : |  |  | |  | |  |
|  | | |  |  |  | |  | |  |
| Name of bank | : |  | | | Account No | | : |  | |
|  |  |  | | |  | |  |  | |
| *(For* ***non IIUM Staff*** *please enclose a copy of bank statement)* | | | | | | | | |  |
| Budget | : | OPERATING TRUST OPERATING TRUST    STUDENT ACTIVITY TRUST | | | | | | |
| Account Code | : | Please left it blank if you are not sure | | | |  |  | |  |
| Project Code (if any) | | | : | Please left it blank if you are not sure | |  |  | |  |

|  |  |  |
| --- | --- | --- |
| **NO.** | **PAYMENT FOR** | **AMOUNT (RM)** |
| 1. | Reimbursement for (Programme Name), date (Programme Date) |  |
| 2. | Payment to speaker for (Programme Name), date (Programme Date) |  |
| 3. |  |  |
| **TOTAL AMOUNT** | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested by: |  |  | | | Checked by: | | |  | |  |
|  | | |  |  |  | | | | | | |  |
| Official Stamp | : Stamp Compulsory | |  |  | Administrative Officer | | |  |  | | | |
|  |  | |  |  | Official Stamp | | | : |  | | | |
| Ext. No | : | |  |  |  | | |  |  | | | |
| Date | : | |  |  | Date | | | : |  | | | |
|  |  | |  |  |  | | |  |  | | | |
| Approved by: |  | |  |  |  | | |  |  | | | |
|  | | |  |  |  |  |  | | | | |  |
|  |  |  |  | | | | |  |
|  |  |  |  | | | | |  |
| Dean/Director | | | |  |  | | |  |  | | | |
| Official Stamp | : |  | | |  | | |  | |  |
|  |  |  | | |  | | |  | |  |
| Date | : |  | | |  | | |  | |  |

1. **All claims and reimbursement must be submitted within 3 month from the date of invoice/receipt**
2. **The supporting documents must be certified by authorized officer.**