

**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.**