



KULLIYAH OF MEDICINE REIMBURSEMENT OF EXPENSES

PERSONAL DETAILS

Name : _____

Staff No : _____ Position: _____

Department : _____

APPLICATION DETAILS

Declaration :

I hereby certify that payment had been made for the following expenses. Attached herewith the original receipt (s) as proof. I would like to apply for reimbursement of expenses of RM _____ for:

i. _____

ii. _____

iii. _____

iv. _____

v. _____

Signature: _____

Date: _____

APPROVAL BY DEAN OF KULLIYAH

The above application is Approved Not Approved

Comment (if any) : _____

Signature: _____

Name/Official Stamp: _____

Date: _____
