

**PAYMENT APPROVAL FORM**

K/C/D/I/O : \_\_\_\_\_

Payable to : \_\_\_\_\_

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 : \_\_\_\_\_

Project Code (if any) : \_\_\_\_\_

NO.	PAYMENT FOR	AMOUNT (RM)
1.		
2.		
3.		
4.		
<b>TOTAL AMOUNT</b>		

Requested by:

Checked by:

Official Stamp : \_\_\_\_\_

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.