

**KULLIYAH OF DENTISTRY  
BENCH FEE REIMBURSEMENT FORM**

**GENERAL GUIDELINES & INSTRUCTION:**

1. The bench fee is a fee to cover the specific cost associated with research work, laboratory work, field work or any expenses related to postgraduate studies for research-based programmes.
2. Bench Fee allocation are as follows:

NO.	TYPE OF POSTGRADUATE STUDENT	PHD IN DENTAL SCIENCES	MASTER OF DENTAL SCIENCES
1.	International	RM1,500.00	RM1,500.00
2.	Local	RM1,500.00	RM1,000.00

3. Bench fee can only be claimed by student who have no outstanding fee in the previous/current semester. Please submit student's financial statement as a proof.
4. All expenses must adhere to the IIUM Financial Policy.
5. Student must get prior approval from the relevant authority (*i.e.*, supervisor) prior to any purchase.
6. All receipts should be verified by the respective Programme Coordinator before submission to the Office of Deputy Dean Postgraduate and Responsible Research, Kulliyah of Dentistry.
7. Please ensure the following **documents are attached** with the completed form.

**CHECKLIST:**

No	Items	Check List (Please tick)
1	Completed Form with signature	<input type="checkbox"/>
2	<b>Original receipts</b> (pasted on A4 paper)	<input type="checkbox"/>
3	Proof of expenses:	
	Conversion proof for expenses not in Ringgit Malaysia – Oanda.com	<input type="checkbox"/>
	Copy of online transaction ( <i>if payment through online</i> )	<input type="checkbox"/>
4	Registration claim – <ul style="list-style-type: none"> <li>• Copy of approval form for Attending Seminar/ Conference / Workshop / Training</li> </ul>	<input type="checkbox"/>
5.	Publication fee claim – <ul style="list-style-type: none"> <li>• Full Article with acknowledgement to the funder</li> <li>• Acceptance of Article</li> <li>• Evidence that the journal is currently indexed by WoS-SCOPUS-ERA - MyCITE</li> </ul>	<input type="checkbox"/>

**FOR DDPGRR OFFICE USE**

Document Complete / Incomplete	<b>Received by:</b>
Date: .....	Name: .....
	Position: .....

A. REQUESTOR DETAILS																																																								
Date:																																																								
Name of Requestor: (Supervisor)		Staff No.:																																																						
Tel No. / Mobile No.:		Bank Account No.: (Supervisor)																																																						
		Bank Name:																																																						
B. STUDENT DETAILS																																																								
Student's Name:		Matric No.:																																																						
Programme:		Level of Study:	Master / PhD																																																					
Current Year:		Semester:																																																						
C. CLAIM DETAILS																																																								
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	Entertainment / Refreshment (related to research only and subject to Government Policy)	
	Honorarium (Enumerators / Proof reading / Editing / Consultant fee / Research Assistant)	
	Conference / Seminar / Workshop / Training Fee (local)	
	Conference Fee (Overseas)	
	Special Program (Focus Group Discussion)	
<b>6</b>	<b>Equipment</b>	
	AV Equipment	
	ICT Related (Workstation / Printer)	
	Scientific Equipment	
	Inventory (below RM500.00)	
<b>7</b>	<b>Others (Please specify below)</b>	
	<b>TOTAL CLAIM</b>	

THE CLAIM IS PAYABLE TO:

**D. DECLARATION**

I, the student under the said supervisor, hereby declare that all receipts attached are genuine and the claims are true.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

I, the supervisor for the said student, hereby declare that all receipts attached are genuine and the claims are true.

Signature & Stamp : \_\_\_\_\_

Date : \_\_\_\_\_

**E. VERIFIED BY:  
PROGRAMME COORDINATOR/HEAD OF DEPARTMENT**

Verified  Not verified

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

