

For Office Use ONLY	
Date Received	
Date Approved	
Vote	

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
KULLIYAH OF DENTISTRY

REIMBURSEMENT FORM

TITLE OF PROJECT \_\_\_\_\_

NO	DESCRIPTION	AMOUNT (RM)
<b>TOTAL</b>		

Requested By:

.....

Name:  
Staff No:  
Date:

Confirmed By:

.....

Supervisor's Name:  
Official Stamp:

Recommended By:

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Deputy Director  
Kulliyah of Dentistry

Approved By:

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Dean  
Kulliyah of Dentistry